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Teacher Perceptions of Response to Intervention and its Core Components, and its Implementation in Reading in the Primary Grades

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TEACHER PERCEPTIONS OF RESPONSE TO INTERVENTION AND ITS CORE COMPONENTS, AND ITS IMPLEMENTATION IN READING IN THE PRIMARY GRADES

By

Kelsey Hillard Davis

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Dedication

For everyone in my family, who constantly loves and supports.

Acknowledgements

Thank you to my husband for supporting me, no questions asked, on this journey over the last three years. While you did not always know how to help in times of distress, you constantly encouraged and believed in me.

To my sister, who convinced me to attend a meeting three years ago about a new doctoral cohort. Without you, I certainly would not have made it through this entire process. Thank you for your friendship, support, numerous phone calls, and ability to convince me to things I would otherwise avoid. I would not have wanted to complete this journey with anyone else.

Thank you to my parents for cultivating an environment that has always given me the confidence to try new adventures. Your support throughout this endeavor meant the world to me. You have always shown nothing but support and love for all of your children.

Thank you to Dr. Richardson and Dr. Lemoine not only for your vision in bringing your program to Leesburg, but for your dedication and time. Without you, this venture would not have been possible. The hours you spent driving, reading, editing, and teaching are appreciated more than you will ever know.

Vita

K E L S E Y H I L L A R D D A V I S

COMPETENCIES AND QUALIFICATIONS

- An enthusiastic, creative, and passionate educator, with growing experience, who believes all children can learn and thrive in a stimulating, encouraging, and appropriate environment
- Specializations Include: Early Childhood Education P-5 certification, curriculum certification, qualitative research experience, dissertation writing and research experience, proficient in standards-based grading and report cards, experience in assessment development, leading teacher trainings on a variety of topics
- Computer Skills: Windows and Mac operating systems, Microsoft Word, Excel, PowerPoint, iMovie, iPhoto, and Google

PROFESSIONAL TEACHING EXPERIENCE

Lee County Primary School — August 2010-Present
Leesburg, GA

2011-Present: 2nd Grade Teacher
2010-2011: Kindergarten Teacher

- Grade level chair (2015-Present)
- Develop daily lesson plans and testing materials while utilizing technology to enhance instruction
- English/Language Arts teacher for the last four years while collaborating with a team teacher
- Implement classroom management techniques while maintaining student involvement and discipline
- Partner with parents in students' success, provide feedback on students' progress, and discuss areas needing improvement and additional work

Committee and School Involvement

- Leadership Committee (2015-Present)
- Data Team (2015-Present)
- Superintendent's Advisory Committee (2015-2016)

Associations and Certifications

T-5 Georgia Teacher Certification P-5 Early Childhood Education and Curriculum
PAGE (Professional Association of Georgia Educators) Member

EDUCATION

Ed.D. Curriculum and Leadership — May 2014-July 2017

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M.Ed. Curriculum and Instruction-Accomplished Teaching July 2012

- Georgia Southern University, Magna Cum Laude

B.S. Early Childhood Education May 2010

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Abstract

Since the reauthorization of the Individuals with Disabilities Education Act (IDEA 2004), Response to Intervention (RTI) had been implemented in varied degrees due to lack of a national definition and framework. RTI was a general education initiative, however few studies focused on general education teachers and their perceptions of RTI. This was a qualitative descriptive study that utilized individual interviews and a focus group. First, individual interviews were conducted using a semi-structured interview protocol. Interview data was coded for prominent themes using NVivo. The individual interview data was then used to write a semi-structured interview protocol for a focus group. After the focus group was conducted, data was coded again using NVivo. The researcher then completed data analysis.

Five core components have been identified as key to the implementation of RTI: 1) quality core instruction; 2) universal screening; 3) progress monitoring; 4) tiered levels of research-based interventions; and 5) support teams (Al Otaiba, Wagner, & Miller, 2014); these core components will be used in the study as the basis for measuring teachers' perceptions on RTI.

Research question 1: What are primary school general education teachers' perceptions about RTI and its core components in reading?

Research question 2: Is there a significant difference between best practices suggested in the RTI literature and actual practices used in the district?

Research question 2a: Is the difference based on knowledge of the five core components where RTI is implemented?

Twelve themes were found during data analysis: teacher training in RTI, data, EIP teachers, individualized instruction, research-based interventions, time, falling through the

cracks, support teams, home life, consistency, RTI is a long process, and special education. Teachers spoke positively about RTI in most areas, but had concerns in the areas of teacher training and research-based interventions. Participants noted they had rare, brief meetings to explain what RTI was and its components. They had no trainings on strategies for implementation of RTI. Participants also discussed lack of research-based interventions and how to determine whether or not an intervention is research-based. Overall, participants had knowledge of RTI and its core components; they expressed a need for knowledge of RTI implementation.

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CHAPTER I

INTRODUCTION

Introduction

In the United States, the overrepresentation of students being placed into special education for a specific learning disability (SLD) and the disproportionality of special education referrals for minorities had been a concern (Bineham, Shelby, Pazey, & Yates, 2014; Mallett, 2014a; Raines, Dever, Kamphaus, & Roach, 2012; Sullivan & Bal, 2013; Swanson, Solis, Ciullo, & McKenna, 2012; Zhang, Katsiyannis, Ju, & Roberts, 2014). Statistically, of those students who received special education services, the majority were labeled specific learning disabled (SLD) (National Center for Learning Disabilities, 2014; United States Department of Education, 2015). Asian students tended to be underrepresented, while Black and Hispanic students were found to be overrepresented in the SLD category of special education (National Center for Learning Disabilities, 2014; United States Department of Education, 2015).

When students were placed in special education, there were factors that could play a negative role not only during the student's time in school, but also during the student's post school life (Sullivan & Bal, 2013). One such factor was the school-to-prison pipeline (Mallett, 2014b). A student who had a learning disability was two to three times more likely than a student without a learning disability to be involved with the juvenile justice system and had higher recidivism rates (Mallett, 2014b). These outcomes were likely for these students because of their experiences with school failure, differential treatment, and susceptibility (Mallett, 2014a). Students placed in special education as learning disabled were also likely to spend time in a restrictive classroom setting (Zhang, Katsiyannis, Ju, & Roberts, 2014). Restrictive classrooms had been found to have negative effects on students which included: lower self-esteem, social

isolation, an inferior education, as well as being twice as likely to drop out of school (Raines, Dever, Kamphaus, & Roach, 2012).

Because of these effects and the problem of overrepresentation and disproportionality, early identification became of great importance for students who struggled in school (Martinez & Young, 2011; Proctor, Graves, & Esch, 2012; Reschly, 2005; Spear-Swerling & Cheesman, 2012). A "wait-to-fail" model was used in schools, thus by the time students were identified as "at-risk" and received extra support and interventions, many times student deficits were so great, efforts to remediate were unsuccessful (Colker, 2013). Thus, the IQ-achievement discrepancy model used in SLD identification was critiqued and changes were made to the SLD identification process (Hauerwas, Brown, & Scott, 2013).

In 2004, the reauthorization of the Individuals with Disabilities Education Act (IDEA 2004) indicated the IQ-achievement discrepancy model would no longer be used to identify students as SLD; a new response to intervention (RTI) model was to be used in conjunction with other researched based procedures states considered appropriate (Hauerwas et al., 2013; Steinberg, 2013; Werts, Carpenter, & Fewell, 2014). Response to Intervention (RTI) was designed to be a general education initiative with the primary goal being a reduction in the number of students being referred to special education (Brown-Chidsey & Steege, 2014). RTI was centered on prevention, to provide assistance to students before they became too far behind in school (Ehren, 2013). If a student did not respond to RTI prevention methods, the student would be tested for possible placement in special education (Hoover, 2010).

There were core components key to the implementation of RTI: quality core instruction, universal screening, progress monitoring, tiered levels of research-based interventions, and support teams (Al Otaiba, Wagner, & Miller, 2014). Quality core instruction was what should be

provided to all students in the general education classroom, whether or not they were labeled as "at-risk" (Werts et al., 2014). A universal screening process was used to identify those students who were falling behind and were in need of more intensive instruction (Hughes & Dexter, 2015). Universal screenings typically happened three times a year: the beginning of school, mid-year, and then at the end of the year (Regan, Berkeley, Hughes, & Brady, 2015). Those students who were falling behind were be checked frequently to collect data on whether or not the student had improved over time, a process termed progress monitoring (Hughes & Dexter, 2011). Research-based interventions were the services provided to struggling students (Positive Behavioral Interventions & Supports, 2015). These interventions typically happened in small group settings where students received rigorous instruction (Brown-Chidsey & Steege, 2010; Harlacher, 2015). Once the intervention process was in place, educators determined if students were struggling due to insufficient instruction or possibly because of some type of disability (Bineham et al., 2014; Werts et al., 2014). The support teams involved in RTI made instructional and data-based decisions for students depending on their progress, or lack thereof, during interventions (Brendle, 2015).

With the implementation of RTI, misconceptions about the roles of general and special education teachers occurred because the line between general and special education became blurred (Murawski & Hughes, 2009). When a student was identified as struggling academically during the universal screening process, tier one differentiated intervention strategies were implemented for approximately eight weeks in the general education classroom to try and help the student progress (Hoover, 2010; Hughes & Dexter, 2011). If the students did not show signs of progress during that time period, they were moved into the next tier, tier two, for more supplemental support (Hoover, 2010). If after another eight weeks the students still did not

progress, they were moved to the third tier of RTI, tier three, for even more specialized and individualized interventions (Brownell, Sindelar, Kiely, & Danielson, 2010; Coyne, Simmons, Hagan-Burke, Simmons, Kwok, Kim, Fogarty, Oslund, Taylor, Capozoli-Oldham, Ware, Little, & Rawlinson, 2013). Often teacher responsibilities for intervention were not clear.

Depending on where RTI was implemented, special education looked different in different states (Brown-Chidsey & Steege, 2010). Many states implemented a three tiered RTI model with special education included in tier three, other states implanted special education into all three tiers, and some implemented a fourth tier that was solely special education (Brown-Chidsey & Steege, 2010). RTI interventions and instruction were provided by the general education teacher, special education teacher, or a specialist (Murawski & Hughes, 2009).

Confusion about RTI implementation was triggered due to the lack of national guidelines and the absence of a clear definition of RTI (Bineham et al., 2014; Hauerwas et al., 2013). IDEA 2004 mandated the use of RTI, but not as the singular process for identifying students with SLD, so all fifty states implemented RTI differently (Martinez & Young, 2011). School personnel expressed both confusion and frustration because of the lack of a national policy, framework, and RTI procedures and the confusion led to barriers in successfully executing RTI (Werts et al., 2014).

Major barriers to RTI implementation included lack of training for teachers, teacher knowledge of RTI, educators' attitudes toward RTI, and the arduous process of implementation due to the high volume of paperwork and time associated with RTI processes (Werts et al., 2014). Barriers to implementation included teachers' knowledge base of reading, delivery of interventions, early identification processes, and use of assessment tools (Spear-Swerling & Cheesman, 2012).

Knowledge of reading and reading intervention and time constraints for implementation of interventions significantly affected teacher attitudes and buy-in toward the use of RTI (Werts et al., 2014). Without teacher buy-in, there was difficulty in the successful implementation and delivery of instruction and interventions in the RTI process (Werts et al., 2014). Many teachers felt they did not have the appropriate knowledge base or skills to successfully execute RTI due to a lack of sufficient professional development (Meyer & Behar-Horenstein, 2015). In turn, this effected teachers' sense of self-efficacy; teachers' perceptions of their own ability to work with struggling students were considerably impacted with lack of RTI knowledge (Isbell & Szabo, 2015).

Statement of the Problem

RTI was mandated twelve years ago through the reauthorization of IDEA in 2004. There were core components included along with mandates that RTI must be a part of the SLD identification process, but was not the sole deciding factor and could be used alongside other research-based procedures deemed appropriate by the state. Because of these factors, RTI was implemented in strikingly different variations across the United States due to a lack of clear national guidelines, as well as, a national definition of RTI. Educators reported feelings of confusion and frustration due to the lack of common guidelines and a framework for RTI.

Few studies specifically were geared toward general education teachers and the implementation of RTI. Twelve years into IDEA's 2004 mandated use of RTI, there was little research on RTI as a general education initiative, general education teachers' understanding of the components of RTI, and how to successfully implement it. The overarching question concerned primary school general education teachers' perceptions about RTI and its core components, and its implementation. Therefore, the researcher proposed to interview primary

school general education teachers and then hold a focus group of primary school general education teachers to gather perceptions about RTI.

Research Questions

Five core components have been identified as key to the implementation of RTI: 1) quality core instruction; 2) universal screening; 3) progress monitoring; 4) tiered levels of research-based interventions; and 5) support teams (Al Otaiba, Wagner, & Miller, 2014); these core components will be used in the study as the basis for measuring teachers' perceptions on RTI.

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Conceptual Framework

Figure 1 is adopted from Everett Rogers' Innovation Decision Period (IDP) with the innovation of RTI imbedded into the process. Innovations take time to diffuse throughout society. RTI was an innovation that took time to diffuse throughout all schools in the United States.

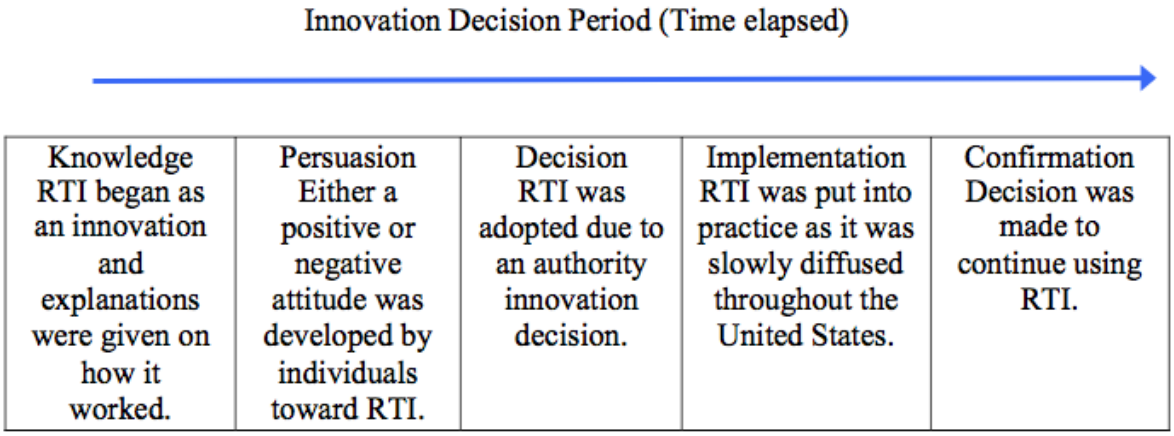

Figure 1. This flow chart was adopted from Everett Rogers' (1983) IDP to represent the time it took for RTI to diffuse as an innovation.

Everett Rogers (1983) conceived the Diffusions of Innovations model as one to describe how to speed up the rate of diffusion for a new innovation. According to Rogers (1983) "Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system. It is a special type of communication, in that the messages are concerned with new ideas" (p. 5). Bineham, Shelby, Pazey, and Yates (2014) believed this model defined the choice to adopt RTI as an authority innovation decision. This meant a few individuals with power or status had chosen to reject or adopt an innovation (Bineham et al., 2014). In education, RTI was designed to be diffused in schools as an innovation over time.

Importance of the Study

General education teachers were asked to execute the core components and practices of RTI, without the benefit of understanding RTI core components, implementation, processes, and how to yield student success. The results and conclusions would be of benefit to administration, school personnel, policy makers, and teachers. Knowledge about the perceptions of general education teachers' would help policy makers support the need for professional development and

teacher training. Interview and focus group data could inform educational leaders to ensure general education teachers and education leaders understand the components, implementation processes, and how to support general education teachers using RTI. Data collected would also provide information to justify whether or not RTI teacher training and professional development were necessary.

Procedures

Participants of the study included primary school (Kindergarten-Second Grade) general education teachers at the two primary schools in a rural school district in South Georgia. The researcher used a qualitative approach to this study. The researcher collected demographic data on participants. Interviews with primary school general education teachers took place in individual interview sessions. Participants answered a variety of questions concerning RTI. Once interviews were completed, a focus group met with the researcher in order to provide further data concerning general education teachers' perceptions about RTI.

Limitations

The researcher was a primary school teacher in the population in which the data was collected. Researcher bias could be a limitation. Another limitation could be the way teachers answer questions; teachers being interviewed may not like their misconceptions or lack of knowledge to be seen by someone with whom they work and know personally.

Definition of Terms

Disproportionality: Disproportionality, in this study, referred to the unequal representation of students of color being served by special education (Raines, Dever, Kamphaus, & Roach, 2012; Zhang et al., 2014).

Intervention: Research-based interventions were the services being provided to struggling students (Positive Behavioral Interventions & Supports, 2015).

IQ-achievement discrepancy model: In the IQ-achievement discrepancy model, a student's IQ score and academic achievement were analyzed to determine whether or not the student had a learning disability (Brown-Chidsey & Steege, 2010; Vanderheyden, Kovaleski, Shapiro, & Painter, 2014).

Individuals with Disabilities Education Act (IDEA 2004): "A law ensuring services to children with disabilities throughout the nation. IDEA 2004 governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities" (U.S. Department of Education, 2015a, p. 1).

Progress monitoring: Referred to analysis of data provided from interventions (Brown-Chidsey & Steege, 2010).

Response to Intervention (RTI): "The RTI procedure was conceptualized to move struggling students through a series of interventions that allow educators to identify areas of learning weakness" (Shelby, Pazey, & Yates, 2014, p. 231).

Restrictive classrooms: Restrictive classrooms refers to the practice of educating students with disabilities who received special education services in a separate facility outside of the general education classroom (Obiakor, Harris, Mutua, Rotatori, & Algozzine, 2012).

Specific Learning Disability (SLD): "A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations" (U.S. Department of Education, 2015b, p. 3).

School-to-prison pipeline: The phenomenon of adolescents legally involved with the juvenile justice system due to school related discipline and behavior problems and learning disabilities (Mallett, 2014a).

Universal Screening: "A brief, global, relatively low-cost procedure used to obtain preliminary information about a wide range of behavior for large groups of children" (Raines et al., 2012, p. 286).

Summary

RTI was introduced to address overrepresentation and disproportionality of students placed in special education. Because IDEA 2004 stated RTI did not have to be the sole decisive factor in students being diagnosed as SLD, RTI was implemented in varied models across the United States. Implementation practices led to considerable discussion about RTI. While RTI was a general education initiative, RTI processes tended to blur the line between general and special education teacher responsibilities. Previous studies were not focused solely on general education teachers and their knowledge and understanding of RTI and its processes.

CHAPTER II

REVIEW OF RESEARCH AND RELATED LITERATURE

Introduction

The overrepresentation of identification of students as learning disabled (LD) in special education and inappropriate referrals of minority students for placement in special education was a concern in education (Bineham et al., 2014; Mallett, 2014a; Raines, Dever, Kamphaus, & Roach, 2012; Sullivan & Bal, 2013; Swanson, Solis, Ciullo, & McKenna, 2012; Zhang, Katsiyannis, Ju, & Roberts, 2014). Educators deliberating and studying disproportionalities in special education acknowledged the many factors that play into this problem such as gender, race, language status, and socioeconomic status (SES) (Chen, Symons, & Reynolds, 2011; Sullivan & Bal, 2013; Zhang et al., 2014). Disproportionality referred to the unequal representation of students of color being served by special education (Raines et al., 2012; Zhang et al., 2014).

According to the United States (U.S.) Department of Education (2015), thirteen percent of students enrolled in public school received special education services. Thirty-five percent of those students being served in special education had a specific learning disability (SLD). The U.S. Department of Education (2015b) described a SLD as "a disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations" (p. 3). However, not all research has yielded the same information. The National Center for Learning Disabilities (2014) found approximately five percent of students in American public schools were identified with LD. Forty-two percent of these children being served by special education had a SLD (National Center for Learning Disabilities, 2014).

Overrepresentation Statistics

Disproportionality was formally acknowledged and discussed as an issue for four decades (Bineham et al., 2014; Raines et al., 2012; Sullivan & Bal, 2013; Zhang et al., 2014). According to Raines et al. (2012), disproportionality denoted the unequal, or disproportionate, number of students of color in special education programs. Sullivan and Bal (2013) claimed disproportionality was a paradox of special education "in that identification is meant to allocate necessary and appropriate services and additional resources for students with disabilities, but it may also lead to stigmatization, segregation, exposure to low expectations, receipt of weak curriculum, and constraint of postschool outcomes" (p. 476). When disproportionality was assessed, the extent to which a group is over or under represented should be examined (Proctor et al., 2012; Raines et al., 2012; Zhang et al., 2014).

Historically, African Americans were the minority group most overrepresented in special education (Proctor, Graves, & Esch, 2012; Raines et al., 2012; Zhang et al., 2014). Latino and Asian/Pacific Islander students, compared to White students, were nationally underrepresented in disability categories (Sullivan & Bal, 2013). In schools that served a high population of students from low socioeconomic backgrounds, as well as students who spoke English as a second language, there was an overrepresentation of students classified as having a reading disability (Al Otaiba, Wagner, & Miller, 2014).

The U.S. Department of Education (2015b) reported the following percentages of students by race being served in special education: sixteen percent American Indian/Alaska Natives, fifteen percent Black, thirteen percent White, thirteen percent two or more races, twelve percent Hispanics, eleven percent Pacific Islander, and six percent Asian. Underrepresented were Asian students who made up twenty-three percent of students being served in special education for SLD, lower than the thirty-five percent of children overall with SLD (U.S. Department of

Education, 2015b). The National Center for Learning Disabilities (2014) found Black and Hispanic students were overrepresented as LD in many states, while White and Asian students were underrepresented in most states. The National Center for Learning Disabilities (2014) also found males were overrepresented in the LD category as fifty-one percent of students in school were male, while sixty-six percent of students identified as LD were male.

School-to-Prison Pipeline

The school-to-prison pipeline referred to the phenomenon of adolescents who had been legally involved with the juvenile justice system because of school related discipline and behavior problems as well as adolescents with learning disabilities (Mallett, 2014a). Mallett (2014b) asserted adolescents who had learning disabilities, compared to those who did not, were two to three times more likely to be involved in delinquent activities, as well as have higher recidivism rates. Windle (2000) described delinquent activities as criminal behaviors which included illegal activities and deviant behavior. In an examination of incarcerated and detained youth offenders, it was estimated between twenty-eight and forty-three percent of these adolescents had an identified special education disability (Mallett, 2014b). Within detention and incarceration facilities, of the juvenile offenders with a special education disability, "48% had an identified emotional disturbance, 39% had a specific learning disability, 10% had mental retardation, and 3% had other health impairments" (Mallett, 2014b, p. 375).

Mallett (2014a) asserted these students with learning disabilities were at a considerably higher risk of dealing with the juvenile court system because of three hypotheses: susceptibility, differential treatment, and school failure. Mallett's (2014a) idea of susceptibility proposed students with cognitive and intellectual difficulties were more susceptible to become engaged in delinquent behaviors. The second hypothesis of differential treatment suggested students with learning disabilities were not more involved in delinquent activities, but authority figures

involved with the adolescent were more likely to identify these students as having delinquent behavior than their nondisabled peers (Mallett, 2014a). Mallett's (2014a) last hypothesis, school failure, referred to the idea school failure for those students with disabilities was simply a precipitated step leading to other events and juvenile involvement.

Restrictive Classroom Effects

According to Zhang et al. (2014), once students, especially those in ethnic minority groups, had been labeled as needing special education, they were more likely to spend their time in school in restrictive classrooms instead of with the general school population. Restrictive classrooms meant the practice of educating students with disabilities who received special education services in a separate facility outside of the general education classroom (Obiakor, Harris, Mutua, Rotatori, & Algozzine, 2012). Special education laws stated students served by special education must, to the greatest extent possible and appropriately, be educated with their peers who do not have disabilities (Obiakor et al., 2012). Raines et al. (2012) asserted use of restrictive classrooms was "troubling given that research has demonstrated that students identified for special education services may suffer social isolation, lower self-esteem, substandard education, and are twice as likely to drop out of high school" (p. 284). One benefit for students with disabilities being included in the general education classroom was they were learning both academic and social skills to the highest potential alongside students without disabilities (Doyle & Giangreco, 2013; Obiakor et al., 2012). According to Obiakor et al. (2012), "regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all" (p. 478). These benefits of inclusion came from the higher expectations placed on students in the regular education classroom and the assistance in instruction provided through inclusion (Doyle & Giangreco, 2013; Obiakor et al., 2012).

Early Identification Importance

Researchers have stated the importance of students being identified early as at-risk in order to receive interventions as soon as possible in order to meet the needs of the student in the most effective way (Martinez & Young, 2011; Proctor, Graves, & Esch, 2012; Reschly, 2005; Spear-Swerling & Cheesman, 2012). The goal of early intervention for struggling students was to improve achievement at the first signs of academic difficulty (Bineham et al., 2014; Rinaldi, Averill, & Stuart, 2010; Werts, Carpenter, & Fewell, 2014). This has helped meet the needs of the student in the most effective way not only because remediation took place, but also because useful data was collected in the process to provide early identification of learning disabilities (Bineham et al., 2014; O'Connor, Bocian, Beach, Sanchez, & Flynn, 2013; Vanderheyden, Kovaleski, Shapiro, & Painter, 2014). According to Colker (2013), "Research scientists have concluded that the earliest possible intervention for students with learning disabilities is crucial for long-term success, because unremediated deficits are likely to grow more profound over time" (p. 586).

Previous methods of identifying students with reading disabilities resorted to a "wait-to-fail" model, an issue amongst researchers, parents, teachers, and policy makers (Al Otaiba et al., 2014). One issue found with the "wait-to-fail" model was few children received assistance or intervention before the third grade (Al Otaiba et al., 2014; Colker, 2013; Proctor et al., 2012). This strategy did not align with researchers' conclusions that interventions should begin as early as possible in order to be most effective (Martinez & Young, 2011; Reschly, 2005; Spear-Swerling & Cheesman, 2012). Prevention was found to be much easier and more effective than remediation (Al Otaiba et al., 2014). "Wait-to-fail" was also an issue because students were failing before even being considered for needed support, and many times this support was special education (Hoover, 2010; Mack, Smith, & Straight, 2010).

The National Center for Learning Disabilities (2014) reported students with LD experienced higher rates of course failure than students without LD, one third of LD students had failed a grade at least once, and sixty-eight percent of LD students left high school with a regular diploma. Raines et al. (2012) reported students who did not complete high school "have high rates of unemployment, have lower salaries if employed, are more likely to need public assistance, and to become a statistic of the criminal justice system" (p. 284). Students who were not identified or who were misidentified in school failed, did not complete school, and were placed on a trajectory for life opportunities that were severely diminished (Raines et al., 2012). Students who were labeled LD or emotional disturbance (ED) were less likely to successfully transition into a community because of the considerably higher arrest rates during early adulthood compared to other students with disabilities (Chen et al., 2011). Moreover, criminal behavior of LD and ED students led to significant social costs because these individuals had to be provided with an education and correctional justice services (Chen et al., 2011).

Evolution of RTI

In 1975, the Individuals with Disabilities Education Act (IDEA) was enacted by Congress for children with disabilities as the chief source of federal education rights guaranteeing all students a free and appropriate public education (FAPE) (Steinberg, 2013). During the past decade, however, there was substantial growth in the SLD special education population (Steinberg, 2013). This substantial growth in the SLD special education population was primarily attributed to the SLD identification methods used by schools (Steinberg, 2013). Students were identified for special education services as SLD through the use of the IQ-achievement discrepancy model, which was widely critiqued (Al Otaiba et al., 2014; Bineham et al., 2014). Due to dissatisfaction with special education referral procedures and disproportionality statistics, Congress reauthorized IDEA in 2004 (IDEA 2004), and the

Response to Intervention (RTI) model was initiated (Steinberg, 2013; Werts et al., 2014). The amendment to IDEA endorsed the use of research-based, scientific interventions in the regular education classroom (Steinberg, 2013). Shelby, Pazey, and Yates (2014) wrote, "The RTI procedure was conceptualized to move struggling students through a series of interventions that allow educators to identify areas of learning weakness" (p. 231). Brown-Chidsey and Steege (2014) stated, "RTI is a general education system for identifying and monitoring student learning needs" (p. 25).

IQ-Achievement Discrepancy Model

Vanderheyden et al. (2014) explained, "A student with a learning disability is viewed as someone who has the potential and ability to perform at or above grade level, but is failing to do so, despite all customary efforts to teach such students" (p. 229). Beginning in 1975, the IQ-achievement discrepancy model was adopted in the United States as the method for students being identified as LD (Brown-Chidsey & Steege, 2010; Vellutino, Scanlon, & Lyon, 2000). The research conducted by Rutter and Yule during this time most influenced the adaptation of the IQ-achievement discrepancy model in students being identified as LD (Vellutino et al., 2000). Rutter and Yule conducted a "large-scale epidemiological study evaluating the etiology of reading disability" (Vellutino et al., p. 223) and postulated similar results to previous studies, therefore validating, at that time, the use of the IQ-achievement discrepancy model in students being identified as LD (Vellutino et al., 2000). In the IQ-achievement discrepancy model, a student's IQ score and academic achievement were analyzed to determine whether or not the student had a learning disability (Brown-Chidsey & Steege, 2010; Vanderheyden et al., 2014). "Specifically, the presence of an average to above-average IQ along with lower-than-expected academic achievement provided a way of documenting that a student *could* learn but was *not* learning" (Brown-Chidsey & Steege, p. 26).

However, researchers later reported IQ scores were not the best indicator of student performance or distinguishing whether or not a student was LD (Brown-Chidsey & Steege, 2010; Colker, 2013; Vanderheyden et al., 2014). This was due in large part to the assumption the IQ score of an individual was a good measure of his or her ability to learn and that a score on an intelligence test was a significant predictor of performance on ability tests (Vellutino et al., 2000). Several years worth of data had been collected that contradicted Rutter and Yule's previous study, indicating the IQ-achievement discrepancy model was not reliable in students being identified as LD, despite the logic behind it (Brown-Chidsey & Steege, 2010). It was found intelligence tests typically used in these evaluations usually had high verbal content and/or entailed reading ability (Vellutino et al., 2000). This suggested "observed correlations between tests of reading achievement and tests of intelligence may often be an artifact of shared variance contributed by language-based abilities underlying performance on both sets of measures" (Vellutino et al., 2000, p. 224). Unstable scores using the IQ-achievement discrepancy model for low achieving or at-risk students did not differ from those scores of typically achieving students (Vanderheyden et al., 2014).

Moving from IQ-Achievement Discrepancy to RTI Model

The amendments made in IDEA 2004 specified states could no longer require the IQ-achievement discrepancy model be used to identify students as LD; evaluators were to use the RTI model and additionally any other researched-based procedures the state deemed appropriate (Hauerwas, Brown, & Scott, 2013). Colker (2013) asserted, "The movement to RTI was not based on new scientific knowledge about learning disabilities. Instead, it was made to align the IDEA with NCLB…to provide extra assistance to students who were not meeting grade-level

expectations" (p. 590). By August 2006, all fifty states in the United States released regulations for the identification of students as LD in their local education agencies (LEA) (Hauerwas et al., 2013). However, "Each state has its own special education regulations, and there are differences in how each state has interpreted the IDEA 2004 rules" (Brown-Chidsey & Steege, 2010, p. 33).

Hauerwas et al. (2013) investigated RTI assessment processes for SLD in state departments of education using qualitative methods to analyze procedures. Official state documents for all fifty states were accessed and searched for all documents that pertained to SLD criteria and RTI (Hauerwas et al., 2013). All states had regulations that mentioned RTI, due to federal regulations under IDEA 2004 requiring the use of RTI (Hauerwas et al., 2013). Seventeen states required analysis of RTI data in order to identify whether or not a student had a SLD (Hauerwas et al., 2013). Eight states had specifically forbidden the use of the discrepancy model in identification of SLD (Hauerwas et al., 2013). Additionally, six states required districts to submit RTI plans to the state before using RTI during the special education process (Hauerwas et al., 2013).

Special Education Referral Procedures and RTI

Once a student was moved through each of the tiers in RTI, there was no guarantee a student would be eligible for special education services (Brown-Chidsey & Steege, 2010). "Consideration for special education services is a possible outcome for some learners who fail to make adequate progress within tiered instruction in most RTI models" (Hoover, 2010, p. 289). Before the implementation of the RTI model, the special education referral process consisted of a three-step process; the student was referred, then tested, and subsequently placed into special education (Hoover, 2010). This three-step process came into effect because schools responded to the law that struggling students must be provided with appropriate instruction and progress must be documented (Hoover, 2010).

With the implementation of RTI, the No Child Left Behind (NCLB) Act and IDEA 2004 required the data collected during the RTI process be included in a comprehensive evaluation of a student, not the sole factor in determining special education eligibility (Brown-Chidsey & Steege, 2010). If the special education team decided a student was eligible for special education services, an Individualized Education Program (IEP) was developed that included scientifically based instruction to meet the needs of the student (Brown-Chidsey & Steege, 2010). Unfortunately, while NCLB provisions created and called for awareness of the use of scientifically based practices, there were no explicit examples or suggestions in the literature, so school personnel were responsible for finding and choosing scientifically based practices (Brown-Chidsey & Steege, 2010). Brown-Chidsey and Steege (2010) offered three categories of activities to help educators select high-quality scientifically based instructional tools: professional development, field research, and expert consultation.

Early Models Used to Identify Special Education Students

The multi-tiered approach was first seen in Deno's (1970) Cascade Model of Special Education Services. This served as the core framework in special education implementation during the seventies and eighties (Brown-Chidsey & Steege, 2010; Reynolds & Fletcher-Janzen, 2007). There were parallel, but completely separate, educational programs for students in regular education and those in special education (Reynolds & Fletcher-Janzen, 2007). Deno's (1970) Cascade Model encouraged interaction between these two systems. This model "facilitates tailoring of treatment to individual needs rather than a system for sorting our children so they will fit conditions designed according to group standards not necessarily suitable for the particular case" (Reynolds & Fletcher-Janzen, 2007, p. 362).

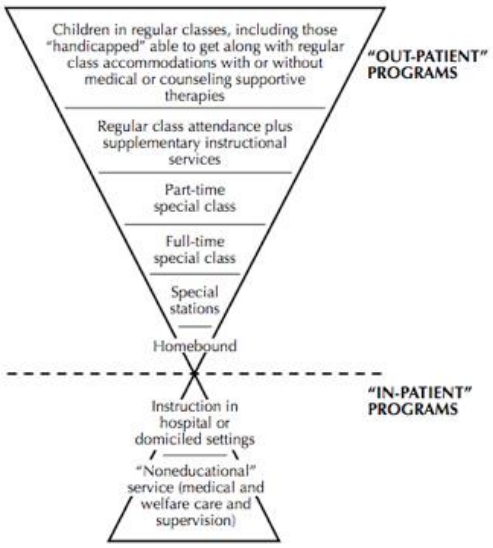

Figure 2 Adapted from Reynolds & Fletcher-Janzen (2007) "The cascade system of special education services" (p. 362).

The Cascade Model (Figure 2) included a triangle as a visual representation with the base representing regular classroom placement (the most desired location for students with disabilities) and progressively more specialized placements for students the closer to the apex of the triangle (Reynolds & Fletcher-Janzen, 2007). Deno's (1970) model included small group instruction tailored to individual student needs in the least restrictive environment (LRE). The LRE specified students with disabilities had to be educated with their nondisabled peers to the greatest extent possible (National Center for Learning Disabilities, 2014).

With the rapid increase of students being identified as LD, the regular education initiative (REI) was developed during the eighties and encouraged schools to allow students to remain in the regular education classroom as much as possible (Brown-Chidsey & Steege, 2010; D'Alonzo & Boggs, 1990). Prominent researchers who propagated REI included Alan Gartner, Dorothy Lipsky, Marleen Pugach, Susan Stainback, William Stainback, Herbert Walberg, and Margaret Wang (Mostert, 1991). REI was the first initiative implemented to address needs of students before receiving special education services (Brown-Chidsey & Steege, 2010). This federal policy

"pushed teachers and administrators to keep as many children in their original classroom as possible" (Brown-Chidsey & Steege, 2010, p. 6).

Advocates of REI believed there was an infringement of basic civil rights when students with disabilities were separated from those students without disabilities (D'Alonzo & Boggs, 1990). Advocates believed students with disabilities not only had the right to be educated with students without disabilities, but they would also be more effectively served in an inclusive environment alongside students without disabilities (D'Alonzo & Boggs, 1990; Mostert, 1991). This could be done through the use of good teaching methods (D'Alonzo & Boggs, 1990; Mostert, 1991). Opponents of REI believed REI dismissed "the very real difficulties faced by students with various handicaps when placed in the regular class may be a case of denial in the rush to insist that students with handicap are no different from their non-handicapped peers" (Mostert, 1991, p. 92). Mostert (1991) explained this denial was that "REI pretends that handicaps are make-believe, a figment of others' biased imaginations, and of little or no consequence in educational and learning settings" (p. 93).

Shortly after REI came the inclusive education movement, which focused more on establishing the rights and needs of students identified as having a disability than reducing the number of students in special education (Brown-Chidsey & Steege, 2010). The focus on inclusive education lasted from the eighties until the current shift to RTI in NCLB, and though it positively impacted students with learning disabilities, REI did not address the issue of overrepresentation in special education (Brown-Chidsey & Steege, 2010). "As with the REI, many researchers suggested that additional training was needed by general education classroom teachers" (Brown-Chidsey & Steege, 2010, p. 6). Additionally, "Data showed that educators were reported to be philosophically supportive of special education but not adequately trained to

meet the needs of student with disabilities in inclusive classrooms" (Brown-Chidsey & Steege, 2010, p. 7). Eventually, lack of teacher training and professional development led to the planning and eventual implementation of RTI in order for the issue of overrepresentation in special education to be addressed (Brown-Chidsey & Steege, 2010).

Nexus between RTI and Special Education: Prevention vs. Eligibility

Steinberg (2013) asserted, "Through graduated intervention levels and progress monitoring within general education, RTI seeks to properly distinguish students with learning disabilities from those who are merely underachievers in need of more intensive instruction" (p. 395). RTI was designed to emphasize collaboration amongst general and special education teachers (Mack et al., 2010). Through the RTI process, child outcome data was applied to decisions in general and special education to create a system of instruction and interventions that were well-integrated (Mack et al., 2010). Reschly (2005) reported RTI was meant to offer "early identification and intervention for children who exhibit emerging problems, and, if those efforts are inadequate, determination of eligibility for SLD services and need for special education" (p. 510). However, while a student might be identified as LD during the RTI process, this identification should not be the focus of all RTI activities (Ehren, 2013). First and foremost, RTI was a prevention effort, not a road to special education eligibility (Ehren, 2013). According to Hoover (2010), the primary and most desirable outcome of RTI was to reduce the number of students referred to special education. Ehren (2013) identified a simple principle in explaining the focus of RTI: students received what they needed, when they needed it, for as long as they needed it.

The RTI model was one that advocated for prevention, providing assistance to students who were struggling before they were too far behind in school (Brown-Chidsey & Steege, 2010; Hoover, 2010; Mack et al., 2010). IDEA 2004 clearly articulated the requirement to provide

struggling learners with instructional assistance before formally being referred to special education (Hoover, 2010; Mack et al., 2010). RTI stressed the importance of prevention over the prior process of waiting for a student to fail before intervening (Hoover, 2010). In his discussion on RTI, Reschly (2005) referred to the different tiers of RTI as successive levels of prevention because of the emphasis of interventions and early identification in RTI.

The RTI model was also a way for educators to identify and refer students for eligibility for special education services (Brown-Chidsey & Steege, 2010). There was a critical significance to what transpired within the RTI model because it was highly relevant to eligibility for special education (Hoover, 2010). Brown-Chidsey & Steege (2010) asserted, "When the best interventions known to help students succeed in school do not produce the requisite gains, and the student is still not making overall progress, the student should be referred for a comprehensive evaluation for special education eligibility" (p. 112). Students who did not respond to interventions and continued to lag behind their peers were considered for special education services because the opportunity to learn was provided because of the high quality interventions they had been receiving along the way (O'Connor et al., 2013). When executed properly, RTI was fundamental in the making of effective referral and eligibility decisions for special education (Hoover, 2010). Defining the specific nature of a student's difficulty in school was the primary goal of the evaluation process and guided instruction for that student and his or her needs (Brown-Chidsey & Steege, 2010).

Core Components of Today's RTI

The RTI tiered model provided scientific, researched-based reading interventions that varied in intensity for students who were struggling, but had not yet been identified for special education (Guskey & Jung, 2011). RTI core components included: universal screening, progress monitoring, high-quality core instruction, tiered interventions, and support teams (Al Otaiba et

al., 2014). Core instruction was considered to be high-quality if the materials and methods were verified using scientific research (Brown-Chidsey & Steege, 2010). The three tiers, or steps, in RTI provided interventions at increasing levels of intensity in order to accelerate learning (Al Otaiba et al., 2014; Al Otaiba, Connor, Folsom, Wanzek, Greulich, Schatschneider, & Wagner, 2014; Martin, 2015; Stuart, Rinaldi, & Higgins-Averill, 2011; Swanson et al., 2012).

The RTI process was a systematic method of teaching using a process of monitoring and intervening as children responded, or did not respond, to interventions (Stuart et al., 2011). Werts et al. (2014) explained struggling students received high-quality, research-based instruction and educators then progress monitored the student by using instructional objectives. Progress monitoring referred to ongoing data analysis of implemented interventions (Brown-Chidsey & Steege, 2010). Instructional objectives were provided by the RTI team and included measurable goals and a means for data collection (Martinez & Young, 2011). Once interventions took place, students who continued to make progress were responding to the interventions and working toward mastery; students not making progress were not responding to interventions and needed more intensive interventions at the next tiered level, and ultimately referred for special education services if intervention failed to help (Martinez & Young, 2011; Werts et al., 2014).

Universal Screening

"In the context of an RTI prevention model, universal screening is the first step in identifying the students who are at risk for learning difficulties" (Hughes & Dexter, 2015, p. 1). Raines et al. (2012) defined universal screening as "a brief, global, relatively low-cost procedure used to obtain preliminary information about a wide range of behavior for large groups of children" (p. 286). Universal screenings were used to identify those students not meeting reading goals in the general education classroom who would benefit from additional instructional interventions (Regan, Berkeley, Hughes, & Brady, 2015). Universal screenings provided

educators with a quick and accurate preliminary investigation of an issue a student might be having through a proactive and preventative way (Raines et al., 2012). Universal screenings in RTI were paramount in students being identified as at-risk for academic difficulty (Hughes & Dexter, 2015).

Typically, universal screenings took place three times per school year: early fall, mid-year, and late spring (Regan et al., 2015). There were a number of published tools available to use for the universal screening process (Brown-Chidsey & Steege, 2010). Some of the most common screening measures used in RTI universal screening procedures were Dynamic Indicators of Basic Early Literacy Skills (DIBELS), curriculum-based measurement, the Texas Primary Reading Inventory (TPRI), and parts of the Woodcock Reading Master Test-Revised (WRMT-R) and Woodcock-Johnson-Revised (WJ-R) (Hughes and Dexter, 2015).

Progress Monitoring

Progress monitoring under the RTI model was defined as the method used to measure student progress and performance in the areas the student exhibited as being at-risk for failure during the universal screening process, such as reading (Dexter & Hughes, 2015; Hughes & Dexter, 2011). The progress monitoring process helped school personnel "determine if students are benefitting appropriately from the typical instructional program, identifying students who are not making adequate progress, while guiding the construction of effective intervention programs for students who are not profiting from typical instruction" (Hughes & Dexter, 2011, p. 7). Progress monitoring allowed for data-informed differentiation in the classroom (Stuart et al., 2011). Progress monitoring was used throughout the entire RTI process because all students were progress monitored in order to identify any students who were at-risk for failure in a specific area (Brownell, Sindelar, Kiely, & Danielson, 2010). Once students were moved into tier two or three, they received intensive instruction and were frequently progress monitored in order to see

if interventions helped students make progress (Brownell et al., 2010; Regan et al., 2015). Frequent progress monitoring was completed ideally biweekly or weekly, or at least monthly (Hughes & Dexter, 2011).

Research-based Interventions

The involvement of the federal government in the idea of scientifically based practices in education can be tracked back beginning with the Cooperative Research Act of 1954 (Beghetto, 2003). This act then led into the National Institute of Education being created in the seventies later incorporated into the Office of Educational Research and Improvement (OERI) (Beghetto, 2003). OERI was replaced with the Institute of Educational Sciences (IES) (Beghetto, 2003). The term scientifically-based research is linked to the NCLB Act of 2002 (Beghetto, 2003; Brown-Chidsey & Steege, 2010). According to the NCLB Act, scientifically based research was "research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs" (Beghetto, 2003, p. 2; Brown-Chidsey & Steege, 2010, p. 50).

Positive Behavioral Interventions & Supports (PBIS, 2015) reported interventions were services provided to students who had demonstrated deficiency in an academic area in school. PBIS and RTI were both tiered programs aimed at best meeting the needs of students academically and/or socially through differentiation (PBIS, 2015). Brown-Chidsey and Steege (2010) surmised intervention was just another word for instruction. According to Brown-Chidsey and Steege (2010), "An intervention is said to be evidence-based when it has been found to be effective in cases of well-designed and robustly implemented experimental analysis" (p. 55). They suggested a two-phase process in order to determine the validity of evidence-based interventions: first a literature review of relevant articles that examined previous studies of the intervention, then that the intervention was implemented through a case-by-case study and

evaluated objectively (Brown-Chidsey & Steege, 2010). This search for literature on previous studies of intervention was done by school-based practitioners who researched databases for previous reviews and critiques performed by experts in the field (Brown-Chidsey & Steege, 2010).

Martinez and Young (2011) noted, "The primary goal of RTI is to provide the interventions a struggling student would need to become successful in the general education curriculum" (p. 44). Martinez and Young (2011) also pointed out both formal and informal interventions had been present in schools for many years as teachers altered instruction and worked with students who were struggling in different areas. However, there seemed to be confusion about RTI interventions as many school districts were simply relabeling their previous general education interventions as RTI instead of incorporating the research-based interventions defined in the core components of RTI (Zirkel, 2011). Zirkel (2011) suggested a "more clear-cut understanding of RTI would be of benefit in the case law, the legal literature, and—ultimately—professional practice" (p. 246). Spear-Swerling and Cheesman (2011) studied one hundred forty-two elementary-level educators on their knowledge base of implementing RTI models in the subject area of reading. They found these educators' lack of familiarity with research-based interventions and knowledge limitations were significant (Spear-Swerling & Cheesman, 2011). Spear-Swerling and Cheesman (2011) proposed a possible way to move forward from this would be extra professional development for educators.

The interventions to be implemented through RTI were designed to help educators differentiate between students struggling because of insufficient instruction and those struggling due to some type of disability (Bineham et al., 2014; Werts et al., 2014). When implementing the RTI model, it was crucial the interventions being used were reliable, organized, high quality,

researched based, and easily and effectively implemented (Martinez & Young, 2011). This meant when the aforementioned process for choosing high quality, research based instructional materials had taken place, they were then implemented with a high degree of consistency across classrooms and schools and the instructional materials and methods were used as designed (Brown-Chidsey & Steege, 2010).

"Decision-making within the RTI framework depends on evidence-based practices being implemented with fidelity within successive tiers" (Robinson, Bursuck, & Sinclair, 2013, p. 3). Brown-Chidsey and Steege (2010) clarified the rationale for using interventions with an evidence base was they had a track record proven to "*increase the probability* of positive outcomes for students" (p. 42). This included five components that should be the foundation for effective reading instruction: phonemic awareness, phonics, fluency, vocabulary, and text comprehension (Hughes & Dexter, 2011). Phonemic awareness was defined as the understanding that sounds of spoken language make words by working together, while phonics was explained as the relationship between written letters and the spoken sound they made (Hughes & Dexter, 2011). Fluency was one's capability to read a text quickly and accurately (Hughes & Dexter, 2011). Vocabulary were words that need to be learned in order to communicate effectively, and text comprehension referred to one understanding what he or she read (Hughes & Dexter, 2011).

RTI Tier 1

Tier one support in RTI was defined as quality general education instruction provided to all students in each grade level (Brown-Chidsey & Steege, 2010; Proctor et al., 2012). Quality general education instruction was referred to as the core program and instructional methods in schools based on scientific research and effective implementation (Brown-Chidsey & Steege, 2010; Proctor et al., 2012). The first tier in RTI was designed to provide primary prevention for all students through core instruction in the regular education classroom (Stuart et al., 2011). All

students were assessed through a universal screening used to identify any potential at-risk concerns (Proctor et al., 2012; Zirkel, 2011). For about eighty percent of students, tier one instruction was effective (Brown-Chidsey & Steege, 2010). However, when fewer than eighty percent of students were not successful in tier one, improvement was needed in core instruction (Brown-Chidsey & Steege, 2010). "But no matter how carefully teachers plan and deliver this initial instruction, some students may still experience learning difficulties and need additional assistance (Guskey & Jung, 2011, p. 252).

RTI Tier 2

When a student first showed signs of academic struggle in the classroom, as well as in the universal screening, the teacher implemented a variety of differentiated strategies in the general education classroom setting for approximately eight weeks, keeping data on progress or lack thereof (Hoover, 2010; Hughes & Dexter, 2011). If the data results showed the student as struggling in an area and quality general education instruction did not provide student progress, the student was moved into the second tier, tier two, of RTI for approximately eight weeks and received supplemental support (Hoover, 2010; PBIS, 2015). "Data are the only connecting point, or pathway, between each tier" (Brown-Chidsey & Steege, 2010, p. 4).

Tier two consisted of targeted interventions for a targeted group of students in a small group setting (PBIS, 2015; Stuart et al., 2011). Small group instruction in tier two of RTI was provided in four to six students per group (Brown-Chidsey & Steege, 2010). Harlacher (2015) suggested the small group of tier two students meet to receive interventions for at least thirty minutes, three to five times a week, with the interventions administered to students by a general education teacher or intervention specialist. Tier two interventions were delivered in addition to the quality instruction received in tier one (Proctor et al., 2012). On average, about fifteen

percent of students necessitated tier one plus tier two interventions in order to be successful (Brown-Chidsey & Steege, 2010).

The progress of students in tier two was frequently monitored through the use of progress monitoring to identify growth, or lack thereof (Brownell, Sindelar, Kiely, & Danielson, 2010). Students received tier two interventions for a predetermined amount of time, normally eight to twelve weeks (Coyne, Simmons, Hagan-Burke, Simmons, Kwok, Kim, Fogarty, Oslund, Taylor, Capozzoli-Oldham, Ware, Little, & Rawlinson, 2013). If a student did not made significant progress during tier two intervention, they were moved to the third tier (Brownell et al., 2010; Coyne et al., 2013). Tier three was reserved for the smallest subset of students, about five percent (Brown-Chidsey & Steege, 2010). Students who showed adequate performance and progress achieved during the duration of the interventions exited to the preceding tier of intervention within the RTI model (Regan et al., 2015).

RTI Tier 3

Tier three provided individualized and more intensive interventions for students (Stuart et al., 2011). Harlacher (2015) explained compared to tier two, tier three "is more explicit, focuses on remediation of skills, is provided for a longer duration of time (both in overall length of intervention and regularly scheduled minutes of instructional time), and occurred in smaller groups (i.e., groups of 1-3)". Tier three interventions were based on assessment and were high intensity (PBIS, 2015). These interventions were high intensity because the group size was smaller (one to three students) than tier two, groups met every day and were for an extended period of time, usually thirty to ninety minutes (Brown-Chidsey & Steege, 2010). Interventions in tier three were to have been administered to students by an intervention specialist, content specialist, or special education teacher (Harlacher, 2015). Tier three also "provides comprehensive evaluation by a multidisciplinary team to determine if the student has a disability

and is eligible for special education and related services" (Bineham, Shelby, Pazey, & Yates, 2014, p. 231). Students who made limited progress under tier three were then referred for special education eligibility (Brown-Chidsey & Steege, 2010). Some states considered special education to be part of tier three, while others included a fourth tier that was solely special education (Brown-Chidsey & Steege, 2010).

Teams to Support RTI

As a student received interventions and moved amongst the tiers, support teams were essential during this process to promote student success (Brown-Chidsey & Steege, 2010). Nellis (2012) described a support team as a group of at least two individuals who shared responsibility for making decisions for the purpose of accomplishing a certain outcome. Team members typically consisted of teachers, specialists, and administrators (Brendle, 2015; Nellis, 2012). In the RTI process, the team's job was to use a problem-solving approach to identify the student's instructional problems, to recommend appropriate interventions, make use of progress monitoring data, and to lend support to the teacher implementing the interventions (Brendle, 2015). Successfully implementing RTI relied heavily on the effectiveness of these teams, making it important these teams were effective (Brown-Chidsey & Steege, 2010; Nellis, 2012). Successful teams required support from administrators, proficient team members, using team practices that were collaborative, training, and good, hard, work (Nellis, 2012). Team members were proficient after training was provided on the skills and procedures necessary in fulfilling the team's responsibility (Nellis, 2012). Continued assessment of team members' skills and knowledge helped identify which areas were in need of training and support (Nellis, 2012). Ehren (2013) reported, "When stakeholders in the RTI process join forces in a variety of collaborations, the synergy created can influence a broad array of infrastructures and practices, resulting in high-quality RTI implementation system wide" (p. 452).

Special Education Versus Regular Education Teachers and RTI

RTI was designed to be an initiative for general education, designed and intended to promote effective instruction for every student (Brown-Chidsey & Steege, 2010). "The RTI emphasis on proactive instruction, ongoing assessment, data-based decision making, and intensive instruction greatly affects the general education teacher and classroom" (Murawski & Hughes, 2009, p. 268). If students were provided with high-quality instruction geared toward the student and the student was progress monitored, the expectation was most students were successful (Brown-Chidsey & Steege, 2010; Spear-Swerling & Cheesman, 2012). IDEA's 2004 reauthorization provided the necessity for documentation concerning evidence-based instruction and interventions from regular education before a referral for special education evaluation (Brown-Chidsey & Steege, 2010; Swanson et al., 2012). Evidence-based interventions and instruction, as well as movement through the successive tiers of intervention, were all a part of general education for at-risk students (Spear-Swerling & Cheesman, 2012). Brown-Chidsey and Steege (2010) divulged, "Some researchers have noted that general educators were not initially prepared for the instructional techniques and data analysis skills that are required for implementing RTI methods" (p. 12).

Secondly, RTI provided a set of procedures, along with other evaluation tools, to identify at-risk students (Brown-Chidsey & Steege, 2010). Special education within RTI was different depending on the state in which it was being implemented (Brown-Chidsey & Steege, 2010). There were some states that implemented a four-tier RTI model with special education being the fourth tier; some included special education in tier three, while others embedded special education into all three tiers (Brown-Chidsey & Steege, 2010). Special education services were a consideration in RTI for those learners who failed to make progress within the tiered instruction and interventions (Hoover, 2010). Murawski and Hughes (2009) concluded, "Special education

is not a separate aspect of a child's educational experience, but the long-term support in a continuum of care provided to students who are struggling and need more intensive instruction" (p. 269). Mitchell, Deshler, and Lenz (2012) suggested RTI required a shift in the role of special education teachers from exclusively working with students who have an IEP, to working with all students who struggle to achieve in school. In RTI, special education teachers worked within a model of instruction that was school-wide to effectively provide a free and appropriate public education to all students in the least restrictive environment (Mitchell et al., 2012).

Misconceptions of Teacher Roles in RTI

Werts et al. (2014) pointed out, "Change initiatives, such as the development of identification and early intervention techniques, require the understanding of the perceived needs of educators who must implement the process" (p. 3). In the collaboration of school personnel in the implementation of RTI, the lines between general and special education were blurred (Murawski & Hughes, 2009). In their research, Swanson et al. (2012) conducted a survey that revealed the expectation that special education teachers take on responsibilities in RTI that were on the outskirts of their job description. Ninety-two percent of participants, all special education teachers, believed it was the duty of special education teachers to determine a student's lack of response to instruction (Swanson et al., 2012). Forty-three percent of participants indicated data collection was the responsibility of the special education teacher, students with whom the special education teacher might have never worked with instructionally (Swanson et al., 2012). Once students had been moved into tier two, most models utilized instruction and interventions provided by the general education teacher and a specialist (Murawski & Hughes, 2009). In these models, the specialist was typically either a trained paraprofessional, Title I teacher, or special educator, distorting the lines of general and special education (Murawski & Hughes, 2009).

RTI and Teacher Efficacy

According to Isbell and Szabo (2015), "Similar to the term self-efficacy, teacher efficacy is defined as teachers' confidence in their abilities to promote students' learning" (p. 43). This concept of teacher efficacy signified how successful a teacher was in using his or her actions to control positive outcomes of learning and behavior (Nunn & Jantz, 2009; Stuart et al., 2011). Isbell and Szabo (2015) reported a teacher's own sense of efficacy had a positive relationship related to the extent of improvement on student performance and goals achieved.

Nunn and Jantz (2009) explained that when needing to impact teacher motivation as teachers were pursuing improvement or implementation of new skills and professional knowledge, self-efficacy might have a salutary impact. Nunn and Jantz (2009) further explained this held true when applying the principles of RTI. Rinaldi et al. (2010) researched educators' perceptions of RTI and its effectiveness in their own schools over a three-year period. The educators who participated included general education classroom teachers, a school reading specialist, and special education teachers (Rinaldi et al., 2010). Rinaldi et al. (2010) collected data through the use of surveys, focus groups, and interviews with a total of twenty-six participants. A key idea emerged from the results of this study: "collaborative, data-informed practice is critical to the successful and sustainable enactment of an RTI model and can yield both a shift in school culture and in teachers' feelings of efficacy" (Rinaldi et al., 2010, p. 51). Isbell and Szabo (2015) asserted that when teachers were working with students with SLD, they could effectively meet the needs of these students as long as the teacher was equipped with appropriate skills in areas such as assessment, problem-solving, and data collection. Therefore, teacher perceptions of his or her own ability to work with these students could really impact that teacher's level of efficacy (Isbell & Szabo, 2015). Isbell and Szabo (2015) confirmed, "In turn,

one's sense of efficacy can impact her or his ability to benefit from job-embedded professional development and to implement RTI effectively" (p. 42).

RTI Success

Brown-Chidsey and Steege (2010) discussed two main advantages of RTI. First, RTI developed an open communication amongst teachers and consistency in teaching methods across grades and subject areas so there was a strong sense of systematic discussion on student progress (Brown-Chidsey & Steege, 2010). Secondly, the procedures in place for RTI emphasized the belief all students could learn and be successful (Brown-Chidsey & Steege, 2010). Spear-Swerling and Cheesman (2012) also reported on the successes in elementary reading and suggested RTI prevented difficulties in reading for many students. Stuart, Rinaldi, and Higgins-Averill (2011) found "participants perceived that students' needs were being identified and served more efficiently with the RTI model than before the model's implementation" (p. 62). Stuart et al. (2011) also reported RTI helped to improve the ability of schools in the identification of students with disabilities and efficiently targeting resources for tier three. Hoover (2010) testified there was "a 25% decrease in the numbers of learners requiring special education consideration after tiered instruction was implemented" (p. 290).

In a study that involved special education teachers' perceptions of barriers and benefits to RTI, Werts et al. (2014) found teachers felt strengths of RTI included providing interventions early, keeping students from "falling through the cracks," and the perception that general education teachers were providing instruction better differentiated to student needs. Stuart et al. (2011) concluded by suggesting once teachers perceived the benefits to RTI, they were more willing to assume the responsibilities and challenges associated with RTI as well as assume ownership for the sustainability of the model.

Rinaldi et al. (2010) completed a study of educators' perceptions of the RTI model in their own school over a period of three years. Participants were interviewed frequently throughout the duration of these three years on their perceptions of RTI (Rinaldi et al., 2010). At the end of the three years, the following were positive trends noted by the participants on implementing and planning RTI: a decline in the rate of special education referrals, a change in the school culture, improved practices because of data use and collaboration, and improved tier one instruction for all students (Rinaldi et al., 2010). The goals of this study were to gain insights into the RTI process so they could be shared with others planning to implement and plan RTI, and also to understand the professional development, preparation, and leadership support necessary in planning and implementing the RTI model (Rinaldi et al., 2010). At the end of the study, the key idea that surfaced was the critical need for collaborative, data-informed practice within the RTI model in order to have success and to generate a shift in school culture and teachers' feelings of efficacy (Rinaldi et al., 2010).

RTI Confusion

The lack of guidelines for RTI provoked discussion as there was not a specific and clear definition of RTI (Bineham, Shelby, Pazey, & Yates, 2014; Hauerwas, Brown, & Scott, 2013). According to Al Otaiba, Wagner, and Miller (2014), all fifty states used some type of a multi-tiered model for prevention purposes to try and reduce special education referrals. Therefore, according to Hauerwas et al. (2013), there were "striking variations in how the term RTI is being used in education generally. Some RTI advocates have argued that RTI is part of a major overhaul in general education and is designed to improve all students' learning outcomes" (p. 102). However, "others have suggested that RTI is part of a long-needed revision in special education eligibility procedures" (Hauerwas et al., 2013, p. 102).

Therefore, across the country, RTI was implemented in varied degrees (Martinez & Young, 2011). Because RTI was not mandated as the singular process for identifying students with specific learning disabilities, schools reported they had to independently determine how they were to use RTI for determining eligibility for special education for students as LD (Martinez & Young, 2011). Without clear and common guidelines, teachers expressed frustration and confusion due to the lack of a national policy, framework, and RTI procedures (Werts et al., 2014). Hauerwas et al. (2013) also noted irregularities in the collecting and analyzing of data involved in the RTI process. Other reviews of RTI indicated a deficit in guidelines from a legal and policy prospective and found much variability in state guidelines and laws for RTI implementation (Al Otaiba et al., 2014). Zirkel (2011) posited, "If the profession is not careful and clear about the integrity and boundaries of RTI, the breadth and flexibility of RTI may be its own undoing" (p. 242).

RTI Barriers

In their study, Werts et al. (2014) surveyed special education teachers on both benefits and barriers of RTI sending 1,754 teachers in North Carolina a three-part survey through Survey Monkey (Werts et al., 2014). The first section of the survey determined the participants involvement, if any, with RTI, the second section had multiple choice questions and opportunity for open-ended comments on RTI processes and perceptions as well as RTI successes and barriers, and the third section asked questions about the participant's demographics, such as number of years teaching and highest degree earned (Werts et al., 2014). Three major barriers were found: RTI was a burdensome process requiring time and high volumes of paperwork, lack of training for teachers and teacher knowledge of RTI and its processes, and school faculty members' attitudes toward RTI (Werts et al., 2014).

Meyer and Behar-Horenstein (2015) examined teacher perspectives on RTI and the implications those perspectives had on how school leaders supported teachers implementing RTI. Data were gathered from five different areas: three focus group interviews, two participant observations, RTI artifacts gathered and reviewed, an interview with the school principal, and notes and memos from the field researcher (Meyer & Behar-Horenstein, 2015). Participants indicated their greatest barriers with RTI were lack of professional development opportunities, tangible resources, and support from leadership (Meyer & Behar-Horenstein, 2015). In the implementation of RTI, teachers expressed uncertainty in their job roles in this process, how to manage the interventions in the tiers, and how to utilize decision-making that was data based (Meyer & Behar-Horenstein, 2015). The researchers recommended school leaders provide clear support to all structural levels, having sets of evidence-based practices that were accessible to teachers and staff, and providing teachers with a variety of professional development opportunities on RTI (Meyer & Behar-Horenstein, 2015).

RTI Demands on Teachers

Spear-Swerling and Cheesman (2012) suggested the RTI approach was making significant demands on both general and special education teachers and their knowledge base of reading and reading instruction due to their role in providing high quality interventions to students with reading difficulties. RTI implementation demanded teacher knowledge not only on their knowledge base of reading, but also on delivering interventions, early identification, and assessment (Spear-Swerling & Cheesman, 2012). RTI was designed to deliver intensive, explicit, and individually tailored interventions to those students not making progress, and both general and special education teachers were expected to use these evidence-based practices effectively (Brownell, Sindelar, Kiely, & Danielson, 2010). In order to be able to effectively teach students with specific learning disabilities, teachers needed additional training and knowledge in the skill

areas of problem solving, strategizing, data collection, and assessments (Isbell & Szabo, 2015). For successful RTI implementation, Spear-Swerling and Cheesman (2012) suggested "familiarity with research-based interventions is especially important for educators involved in individualized or problem-solving approaches to RTI that do not employ one standardized intervention for all students with a particular deficit" (p. 1695).

Teacher Buy-In

Another obstacle noted in reference to RTI was teacher buy-in, or teacher attitudes toward implementation of a new process (Werts et al., 2014). Hughes and Dexter (2011) asserted there were several important factors necessary in supporting RTI programs, one of which was teacher buy-in. In their study on special education teachers' perceptions of RTI, Werts et al. (2014) reported when they asked about factors that inhibited successful RTI implementation, over 15% of the collected statements of interviewees dealt with teacher buy-in. Martinez and Young (2011) claimed, "Teachers' perspectives play a key role in the delivery of instruction in the classroom and on referral for interventions and/or special education testing" (p. 45). One response in the survey completed by Werts et al. (2014) reported teachers were not referring students for interventions or special education testing because they knew it would create more work for them.

Teacher Knowledge of RTI

Brendle (2015) concluded, "Implementation integrity is a critical issue for problem-solving RTI teams and can be attributed to lack of teacher knowledge and training of the effective practices in regard to planning interventions" (p. 4). Only after teachers participated in professional development on RTI do they increase knowledge of data based decision making and RTI implementation (Brendle, 2015). Regan et al. (2015) clarified professional development, when working toward promoting school reform, was not simply a focus on improved student

achievement, but making a change in the way teachers were doing things in schools. Meyer & Behar-Horenstein (2015) surmised having ongoing professional development for teachers was acute in employing RTI successfully. Regan et al. (2015) agreed by pointing out the approach taken for professional development should be continuous if sustainability was going to be ensured.

Regan et al. (2015) conducted a study that utilized information from a questionnaire and interviews to collect data on teacher perceptions of their school district's RTI initiative. There were sixty-three participants, which included administrators, general education teachers, special education teachers, and specialists (Regan et al., 2015). The findings of this study yielded both positive and negative perceptions of RTI and its processes (Regan et al., 2015). The majority of participants reported they felt the core components of RTI, such as progress monitoring and research-based instruction, were effectively implemented at their school and were achievable in the classroom (Regan et al., 2015). Still, teachers felt they had inadequate knowledge and training on how to implement these practices within their district's RTI model (Regan et al., 2015). Participants also reported they felt progress monitoring was effective at their school, but they did not feel adequately equipped to make decisions for students based on the data they were collecting in the RTI process (Regan et al., 2015).

Meyer and Behar-Horenstein (2015) also completed a study of teachers and their perspectives on implementing RTI and then conducted additional interviews with the school principal. Participants included a first grade team who partook in focus group interviews, observations, and a collection of RTI artifacts (Meyer & Behar-Horenstein, 2015). These teachers expressed they knew they were being held more accountable under the RTI processes, but they did not have the knowledge base or skills necessary to implement RTI due to inadequate

professional development and lack of administrative support (Meyer & Behar-Horenstein, 2015). The school's principal disclosed teachers and schools in the district were all at different knowledge levels of RTI because there was a lack of consistency and training on RTI (Meyer & Behar-Horenstein, 2015). Professional development was being offered during non-working hours and online, but teachers were either too tired or overwhelmed to participate in these after-hours trainings (Meyer & Behar-Horenstein, 2015). These researchers included the recommendation of the use of instructional coaches, as their work has proven to be a positive practice (Meyer & Behar-Horenstein, 2015).

RTI Modifications

Al Otaiba, Connor, Folsom, Wanzek, Greulich, Schatschneider, and Wagner (2014) performed an experiment to compare the efficacy of two RTI models used for first grade reading: typical RTI and dynamic RTI. The students in the typical RTI group were put in a program that followed the standard process of looking at initial screening test scores and progress monitoring and administering interventions before moving students amongst the RTI tiers (Al Otaiba et al., 2014). The students in the dynamic RTI group were moved immediately between tiers based on initial screening scores (Al Otaiba et al., 2014). The interventions given to each group differed only in when the intervention began (Al Otaiba et al., 2014). At the completion of the yearlong study, the students in the dynamic RTI group had reading scores that were statistically significantly higher than the students in the typical RTI group (Al Otaiba et al., 2014). Because of the modifications made to typical RTI in the dynamic RTI model, Al Otaiba et al. (2014) found "immediately providing Tier 2 and 3 interventions to students who qualify led to generally stronger reading outcomes by the end of first grade" (p. 25). Those students in the typical RTI group who needed interventions had to wait before receiving the most intense interventions available (Al Otaiba et al., 2014). Therefore, "there is no reason to delay intervention, that any

effect of false negatives is negligible, and that, broadly implemented, dynamic RTI, including a foundation of effective Tier 1 instruction, can improve reading outcomes for all children" (Al Otaiba et al., 2014, p. 25).

Coyne et al. (2013) completed a similar study on Kindergarten students comparing interventions implemented in the traditional RTI model format and interventions that were modified throughout the year based on student needs. Participants were from nine schools from three different sites totaling one hundred and three students from forty classrooms (Coyne et al., 2013). All schools were Title one and the Kindergarten students picked to participate in the study were those at significant risk for early reading difficulties (Coyne et al., 2013). Together, teachers and principals identified students that met established criteria (Coyne et al., 2013). The modified RTI group could flexibly move through the tiers based on their performance while the typical RTI group had to wait the eight to twelve weeks of receiving interventions before moving tiers (Coyne et al., 2013). Those students who were at-risk and received the modified RTI interventions outperformed those in the typical RTI group in all posttest measures, showing statistically significant differences (Coyne et al., 2013). Furthermore, these students also underwent follow-up analyses at the end of first grade and those students in the modified RTI group continued to outperform those same students from the typical RTI group, again exhibiting statistically significant conclusions on all measures (Coyne et al., 2013).

Summary

Overrepresentation and disproportionality in special education were a cause for concern in education, especially the number of students who were being placed in special education for SLD. Once these students were served by special education, they spent less time in the general education classroom. Effects of spending time in a restrictive classroom included facing diminished experiences in school and students were less likely to be challenged and pushed

academically. Restrictive classroom effects lead to diminished opportunities in life post-school, including a higher likelihood of dropping out of school, lower self-esteem, and even time in prison. The RTI process was established as a part of IDEA 2004 to advocate for students with disabilities and to try and determine the difference between students who actually had disabilities, and those students who were simply underachieving and needed more support in school.

Without RTI, and the effective implementation of RTI, the number of students being referred to and placed in special education under SLD might continue to grow. Therefore, it was important educators, both general and special education, were well informed and highly trained on RTI and its processes. While all fifty states had some type of system in place for RTI, there were no federal guidelines in place to mandate consistency across the county for RTI implementation. Therefore, continued confusion about RTI processes was prominent amongst educators.

STUDY	PURPOSE	PARTICIPANTS	DESIGN/ ANALYSIS	OUTCOMES

Martinez & Young (2011)	To examine how school personnel are implementing and perceiving the RTI process	99 participants in rural and urban schools in South Eastern Texas, 67% were female elementary school general education teachers, the rest were administrators, counselors, special education teachers, and diagnosticians	Descriptive study	• A majority of participants are practicing early identification using a system where teachers initiate the process based on school wide assessments • Progress monitoring may be an issue that needs to be addressed • Overall the RTI process in perceived positively by participants • Many participants reported good teachers were already using intervention activities with struggling students • Participants agreed RTI data, as well as use of other standardized assessments, plays an important role in SLD identification and placement in special education

Bineham, Shelby, Pazey, & Yates (2014)	To capture and report perceptions of general and special education teachers on implementation practices of RTI	619 randomly selected general and special educators from all 50 states and the District of Columbia who were in support, administrative, or instructional roles at district or campus levels	Quantitative survey	• 1 in 10 professionals had not heard of RTI • About 13% of districts were either in the first year of RTI or had not begun implementation of RTI • Participants' survey responses conceptualized RTI as a noun, verb, and adjective • 12% of respondents mentioned tiers • 65% mentioned three tiers • 16% reported implementation in an elementary school • 14% reported implementation in reading • 3% reported using packaged interventions

Regan, Berkeley, Hughes, & Brady (2015)	To investigate elementary and secondary educators' perceptions of the RTI initiative in their school district	57 teachers (31 general education, 19 special education, 16 specialists) and 6 administrators from a school district in the Northeast, 48% were from the elementary level, 52% were from the secondary level	Mixed Methods: questionnaire followed with interviews of a sample of questionnaire participants	• Components of RTI (i.e. progress monitoring, research based instruction) were feasible, but participants felt they lacked knowledge and training to implement these in their school district • Teachers felt unprepared to use RTI data to make decisions for student instruction or movement amongst the RTI tiers • Participants lacked confidence in tiered levels of instruction • Participants felt they lacked practical knowledge and skills essential to RTI's critical components • Notable confusion on terms and procedures in RTI • Results indicated a need for professional development and support

CHAPTER III

METHODOLOGY

Introduction

Response to Intervention (RTI) was a federally mandated initiative conceived in 2004 during the reauthorization of the Individuals with Disabilities Education Act (IDEA 2004) (Hauerwas, Brown & Scott, 2013; Steinberg, 2013; Werts, Carpenter, & Fewell, 2014). RTI was devised as a general education initiative designed to reduce the number of students being referred to special education, which led to overrepresentation and disproportionality of certain groups of students (Brown-Chidsey & Steege, 2014). The focus was prevention and early identification; students were provided assistance and interventions before they lagged significantly behind their peers in school (Ehren, 2013). Students were considered for special education testing and placement only if they did not respond to the prevention processes provided by RTI (Hoover, 2010).

Five core components were essential to the implementation of RTI: quality core instruction, universal screening, progress monitoring, tiered levels of research-based intervention, and support teams (Al Otaiba, Wagner, & Miller, 2014). Quality core instruction was provided to all students in the general education classroom whether or not they were deemed "at-risk" (Werts et al., 2014). Universal screenings were a quick evaluation of all students used to identify students who would benefit from additional instructional support because they were not meeting reading goals in the general education classroom (Raines, Dever, Kamphaus, & Roach, 2012; Regan, Berkeley, Hughes, & Brady, 2015). If students were found to have reading deficiencies during the universal screening process, they were then progress monitored and placed in tiered levels of intervention if progress was not made (Dexter & Hughes, 2015; Hughes

& Dexter, 2011). Progress monitoring consisted of data collection to measure student progress, or lack of progress (Hughes & Dexter, 2011). Students who struggled moved amongst the tiers, or levels, in RTI based on their progress; each successive tier offered more individualized and intensive interventions for the student (Brown-Chidsey & Steege, 2010; Hoover, 2010). Lastly, support teams worked to address student instructional problems by reviewing progress monitoring data, suggestions for interventions to teachers, and recommended alternative instructional strategies (Brendle, 2015).

While RTI was required to be used in identification of a specific learning disability (SLD) under IDEA 2004, it did not have to be the only method used; other research-based procedures could be used that were considered appropriate by the state (Hauerwas, Brown & Scott, 2013; Steinberg, 2013; Werts, Carpenter, & Fewell, 2014). Much of the confusion and frustration associated with RTI came from a lack of a national framework, policy, and standardized RTI procedures (Werts et al., 2014). Because each state implemented RTI in different ways there was confusion about the implementation of RTI (Bineham, Shelby, Pazey, & Yates, 2014; Hauerwas et al., 2013; Martinez & Young, 2011).

With RTI, the line between general and special education responsibilities was blurred, causing confusion between general education teacher and special education teachers' roles (Murawski & Hughes, 2009). RTI implementation in some states utilized a three tiered model that included special education in the third tier, other states added a fourth tier to the model that was solely special education, while other states had a three tiered model that embedded special education into all three tiers (Brown-Chidsey & Steege, 2010).

According to Werts et al. (2014), the key barriers to RTI implementation were educators' attitude toward RTI, lack of teacher buy-in, lack of teacher training, teachers' knowledge of RTI,

and the paperwork and time associated with the RTI process. General education teachers reported due to a lack of sufficient professional development, they did not have appropriate knowledge or skills necessary to successfully execute RTI (Meyer & Behar-Horenstein, 2015). This, then, affected teachers' feelings of self-efficacy; their perceptions of their ability to teach and work with students who struggled was impacted greatly (Isbell & Szabo, 2015).

Research Questions

Five core components have been identified as key to the implementation of RTI: 1) quality core instruction; 2) universal screening; 3) progress monitoring; 4) tiered levels of research-based interventions; and 5) support teams (Al Otaiba, Wagner, & Miller, 2014); these core components will be used in the study as the basis for measuring teachers' perceptions on RTI.

Research question 1: What are primary school general education teachers' perceptions about RTI and its core components in reading?

Research question 2: Is there a significant difference between best practices suggested in the RTI literature and actual practices used in the district?

Research question 2a: Is the difference based on knowledge of the five core components where RTI is implemented?

Research Design

The researcher proposed a qualitative descriptive study be used as the research method in this study. The research question explored primary school (Kindergarten-Second Grade) general education teachers' perception of RTI and its core components in reading. Originally, the researcher contemplated a quantitative approach to the study. This would have entailed teachers completing an online survey answering questions about RTI. However, quantitative online survey results would not have yielded a very in-depth understanding of each participant's

perceptions nor allowed the researcher to gain more information from participants. To explore teachers' perceptions and to gain the most clarification and understanding of those perceptions, the researcher chose a semi-structured interview process in order to use interview question responses, probes, and follow-up questions to gain understanding and clarification of data provided by interviewees. The researcher then made inferences based from data gathered in the interviews to construct a semi-structured questionnaire used with a follow-up focus group. The research design consisted (1) of seeking superintendent approval for conducting research in the county, (2) a series of individual interviews transcribed and coded for prominent themes, and (3) followed by a focus group where questions were asked about prominent themes that developed during the individual interviews. Focus group data was also coded and the themes that emerged during coding were compared to data from individual interviews.

First, the researcher sent a letter to the superintendent to acquire permission to seek participants for the study within the school district (See Appendix A). Once the superintendent granted permission, principals from the primary schools in the county were sent a letter asking permission to use teachers in their schools as participants (See Appendix B).

The researcher met with the principals in order to work together to compile a list of general education teachers who could potentially be participants in the study. Participants in the study were to reflect a diverse population; all primary grade levels were represented and teacher years of experience varied amongst participants. The goal was to obtain eight to fourteen participants for the individual interviews, so eight to fourteen teachers were randomly selected from the list assembled by the principals and the researcher.

The researcher contacted these teachers via e-mail to ask for their willingness to participate in the study (See Appendix C). Information was shared in the e-mail letter with information concerning the interview and the purpose of the research.

Teachers willing to participate responded directly via e-mail to the researcher; a response was requested from those who were willing to participate. Once a teacher had indicated they were willing to participate in the study, a consent form (See Appendix E) was sent to them via e-mail. Nine teachers agreed to participate in the individual interviews. They gave a signed copy to the researcher at the interview. If teachers not willing to participate, other teachers from the initial list were contacted using the same process. Individual interviews were scheduled to take place either in person or via telephone (See Appendix D: Interview questions).

Interviews were conducted by the researcher. During each interview, the researcher began by introducing herself to the interviewee. Next, the researcher explained the purpose of the study. The interview was conducted and recorded using a recording device with a pass code known only by the researcher. Additionally, the researcher collected demographic data during the interview process (See Appendix D: Interview Protocol). Upon completion of the interviews, interviews were transcribed and offered to the interviewee for an opportunity to review the transcript for accuracy.

Once all of the interviews were completed, a manuscript of each interview was analyzed by the researcher with each interview transcription being coded for prominent themes. The researcher used NVivo software to analyze the data.

The researcher read through each interview transcript and looked for distinct categories and themes. As each category or theme surfaced, the researcher assigned it a code. By coding the interview transcripts, the researcher was able to organize and sort participant perceptions. Once

all transcripts were analyzed and coded, the researcher constructed a chart from the data and themes that emerged from the initial coding.

Once the list of these themes was assembled, a semi-structured interview protocol was constructed for the focus group based on these themes. The purpose of the focus group was to gain more insight and clarification on the emergent themes from the individual interviews. To obtain participants, the researcher used the same list of teachers constructed at the beginning of the study. Four to six teachers were needed for the focus group. Participants in the focus group were to reflect a diverse population; all primary grade levels were represented and teacher years of experience varied amongst participants. The researcher contacted teachers via e-mail and asked them to participate in a focus group meeting. A consent form (See Appendix F) was sent to individuals who agreed to participate in the focus group. They brought the signed consent form to the focus group meeting.

The focus group of five teachers met with the researcher to answer questions about the common themes that emerged from the individual interviews. The participants in the focus group were different than those that participated in the individual interviews. The focus group discussion was recorded using a recording device with a pass code known only to the researcher. The researcher introduced herself to the focus group and explained the purpose of the study, anonymity of information obtained from the individual interviews, and how the interviews had been coded to sort and organize common emerging themes. Finally, the researcher facilitated a question and discussion session amongst participants in the focus group in order to obtain more clarity and insight on the themes. The focus group data was used to gain more insight on the data found during the individual interviews. At the conclusion of the focus group, the content was

transcribed and offered to the interviewees for an opportunity to review the transcript for accuracy. Lastly, the researcher analyzed the data from the focus group using NVivo software.

Population

The population represented in this study was primary school general education teachers. These teachers came from a school district in South Georgia. The district had two primary schools; each were represented in the study. The researcher worked with the primary school principals to compile a list of general education teachers who could potentially be participants in the study. A diverse population of teachers were needed for the individual interviews and the focus group. Each primary grade level (Kindergarten-Second Grade) was represented in both processes. Teachers also needed to have varying years of teaching experience. First year teachers were excluded from the study due to inexperience with RTI.

One focus of RTI was the importance of early identification and intervention. Therefore, the researcher chose the primary school population because RTI is the process used with elementary school students who are enrolled in the school district.

Participants

Participants for the interview process and the focus group were composed of primary school general education teachers. General education teachers were chosen because RTI was designed as a general education initiative. Conclusions of the study could benefit participants in a variety of ways. Perceptions of general education teachers could provide data concerning the needs for professional development and teacher training to policy makers. Educational leaders could also be informed of teachers' understanding, or lack of understanding, of RTI's components and the implementation process.

Sample

A purposive sampling technique was used. Participants in the sample size were deliberately selected based on their position and involvement in RTI. For the individual interviews, the sample size was nine participants (n=9). For the focus group, the sample size was five (n=5).

Instrumentation

For the individual interviews, a semi-structured interview protocol written by the researcher was used to collect data. This study focused solely on the perceptions of RTI of general education teachers. Previous studies had not focused on this same population of general education teachers. Therefore, interview protocols from previous studies would not appropriately address the research questions.

The researcher then used open coding, as well as NVivo, to analyze and organize the data. This data from the interviews was used to prepare a semi-structured interview protocol for the focus group. Focus group data was also analyzed and organized through open coding and NVivo.

Validation

First, interviews were conducted to collect data on teacher perceptions of RTI and its core components. Interview participants were pulled from different populations. Interview data was then coded to identify common themes. Next, the researcher met with a focus group to ask questions about the common themes that emerged during the individual interviews. Focus group participants were also pulled from the original list of possible participants. Focus group data was coded in the same way interview data was coded. The researcher then compared the two sets of data. Responses given during the interviews were validated through the use of a focus group. Participants in the study were general education teachers who dealt with RTI frequently.

Data Collection and Analysis

Data was collected through individual interviews and a focus group. First, data was collected in nine individual interviews. The researcher created and used a semi-structured interview protocol for the interviews (See Appendix D). Each interview was recorded using a recording device with a pass code known only to the researcher, then transcribed into a written manuscript of the interview. Once transcribed, each interviewee was offered a chance to review the transcript for accuracy. The researcher then analyzed the manuscripts through the use of open coding, as well as NVivo. A list was compiled of those common themes and how many times each theme came up during the interviews. Coding the data helped the researcher organize and sort all of the responses given during the individual interviews and identify common themes that were prevalent during the interviews.

After data was collected from the individual interviews, the researcher created a semi-structured interview protocol based on the data collected from the individual interviews. A focus group was then held to further discuss the common themes found present in the interviews. The focus group discussion was recorded and transcribed. Members of the focus group were given the opportunity to view the transcript to check for accuracy. The researcher then coded the manuscript in the same way the interview manuscript was coded. A list was compiled of the themes that transpired during the focus group and how many times each theme was mentioned. The information in the manuscript provided rich data and insight on the common themes that arose in the data from individual interviews. Focus group data was collected to validate what was found during the individual interviews.

Reporting the Data

Individual interviews were recorded and transcribed and reported. Data collected from the interview manuscripts was represented in a tabular format. Common themes from the interviews were coded and listed.

Summary

The researcher conducted a qualitative descriptive study. First, individual interviews were conducted with nine participants. Each participant's interview was recorded and transcribed. The researcher then coded, or organized and sorted, interviewee's responses to identify emergent themes. NVivo was also used to analyze data. A tabular format was used to display each emergent theme and the frequency in which they were mentioned during the interviews. Next, a focus group was held to discuss the emergent themes that surfaced in the interviews. The discussion in the focus group was also transcribed. The researcher also coded the focus group participants' responses to identify major themes or concepts that emerged. A tabular format was used to display the data obtained in the study.

Research Confirmation Table

Instrumentation/Analysis	How will strategy answer research question?
Interview analyzed through coding. Focus group analyzed through narrative data.	These strategies will give the researcher these teachers' perceptions of RTI.
Interview data Narrative data	Participants' answers to interview questions and the narrative data will give the researcher data to compare to best practices in the literature.
Demographic information	Participants will answer demographic information in the interview to look for differences in demographic information.

Item Analysis

Item	Research	Interview Question	Research Question
1. Job title	Martinez & Young, 2011	2	1
2. Years of experience	Martinez & Young, 2011	2	1, 2
3. Years of RTI experience	Bineham, Shelby, Pazey, & Yates, 2014	2	1, 2
4. RTI involvement in job	Bineham, Shelby, Pazey, & Yates, 2014; Martinez & Young, 2011	3	1
5. Describe RTI in relation to reading		4	1
6. Has professional learning given clear definition	Spear-Swerling & Cheesman, 2011; Stuart, Rinaldi, & Higgins-Averill, 2011	4	1, 2
7. Initial RTI training, what did you think?	Stuart, Rinaldi, & Higgins-Averill, 2011	4	1, 2
8. Purpose of reading RTI	Bineham, Shelby, Pazey, & Yates, 2014	5	1
9. Does RTI serve that purpose	Bineham, Shelby, Pazey, & Yates, 2014	5	1
10. Changed purpose	Bineham, Shelby, Pazey, & Yates, 2014	5	1
11. Student population RTI should focus on	Martinez & Young, 2011	5	1
12. Are students benefitting from reading RTI	Bineham, Shelby, Pazey, & Yates, 2014; Martinez & Young, 2011	6	1, 2
13. Example of students benefitting	Martinez & Young, 2011	6	1, 2
14. Your role in reading RTI	Bineham, Shelby, Pazey, & Yates, 2014	7	1
15. How do you know it is your role	Spear-Swerling & Cheesman, 2011	7	1
16. Describe training you have had for this role	Stuart, Rinaldi, & Higgins-Averill, 2011	7	1, 2
17. Do you have appropriate knowledge for this role	Spear-Swerling & Cheesman, 2011	7	1, 2
18. What has professional development in reading RTI looked like for you	Spear-Swerling & Cheesman, 2011; Stuart, Rinaldi, & Higgins-Averill, 2011	8	1, 2
19. What value would you assign that experience	Spear-Swerling & Cheesman, 2011; Stuart, Rinaldi, & Higgins-Averill, 2011	8	1

20. Was there follow-up to that professional development	Martinez & Young, 2011; Stuart, Rinaldi, & Higgins-Averill, 2011	8	1, 2
21. Did someone check in on you about your RTI implementation	Stuart, Rinaldi, & Higgins-Averill, 2011	8	1, 2
22. What would you recommend for RTI professional development	Spear-Swerling & Cheesman, 2011; Stuart, Rinaldi, & Higgins-Averill, 2011	8	1
23. Rate yourself on reading RTI implementation	Spear-Swerling & Cheesman, 2011; Stuart, Rinaldi, & Higgins-Averill, 2011	9	1
24. What do you need to improve rating	Stuart, Rinaldi, & Higgins-Averill, 2011	9	1
25. Rate reading RTI implementation at your school	Martinez & Young, 2011	10	1
26. What support do you receive for RTI implementation	Nellis, 2012; Stuart, Rinaldi, & Higgins-Averill, 2011	10	1
27. What are challenges to implementing RTI in your school	Werts, Carpenter, & Fewell, 2014	10	1
28. Is there a district plan for RTI implementation	Rinaldi, Higgins-Averill, & Stuart, 2011	11	1
29. Who was trained	Stuart, Rinaldi, & Higgins-Averill, 2011	11	1
30. Why do you think RTI has been widely critiqued	Bineham, Shelby, Pazey, & Yates, 2014	12	1
31. Is this based on your experience	Bineham, Shelby, Pazey, & Yates, 2014	12	1
32. What are RTI's greatest challenges	Werts, Carpenter, & Fewell, 2014	13	1
33. How does your school and district respond to these challenges	Werts, Carpenter, & Fewell, 2014	13	1
34. What are indicators these are challenges	Werts, Carpenter, & Fewell, 2014	13	1
35. What is going well in RTI and why	Werts, Carpenter, & Fewell, 2014	14	1
36. What are indicators this is a success	Werts, Carpenter, & Fewell, 2014	14	1

37. Do you think RTI is a focus in your school and district, why	Rinaldi, Higgins-Averill, & Stuart, 2011	15	1
38. What have you seen that has led you to believe this	Rinaldi, Higgins-Averill, & Stuart, 2011	15	1
39. What does it look like for a student to go through RTI process	Stuart, Rinaldi, & Higgins-Averill, 2011	16	1, 2
40. Which RTI core component is most beneficial for students, why	Martinez & Young, 2011	17	1
41. Which RTI core component is most beneficial for teachers, why	Regan, Berkeley, Hughes, & Brady, 2015	17	1
42. Which RTI core component is working best in your school	Regan, Berkeley, Hughes, & Brady, 2015	17	1
43. Why RTI core component is the greatest challenge in your school	Regan, Berkeley, Hughes, & Brady, 2015	17	1
44. Do you have research-based interventions, where did they come from	Martinez & Young, 2011	17	1
45. What do support teams look like in your school	Nellis, 2012; Stuart, Rinaldi, & Higgins-Averill, 2011	17	1

CHAPTER IV

REPORT OF DATA AND DATA ANALYSIS

Introduction

Response to Intervention (RTI) was a federally mandated general education initiative designed to reduce the number of students being referred to special education (Brown-Chidsey & Steege, 2014; Hauerwas, Brown & Scott, 2013; Steinberg, 2013; Werts, Carpenter, & Fewell, 2014). An emphasis on early identification and prevention placed importance on providing students with assistance before they lagged considerably behind their peers in school (Ehren, 2013). Essential to RTI's implementation were five core components: quality core instruction, universal screening, progress monitoring, tiered levels of research-based intervention, and support teams (Al Otaiba, Wagner, & Miller, 2014).

RTI lacked a national framework, standardized procedures, and policy, causing confusion and frustration for implementation in different states (Werts et al., 2014). Each state implemented RTI in varied degrees and the line between general and special education were blurred causing misunderstandings of teacher roles in RTI (Bineham, Shelby, Pazey, & Yates, 2014; Hauerwas et al., 2013; Martinez & Young, 2011; Murawski & Hughes, 2009). Obstacles to RTI implementation ensued including paperwork and time associated with RTI, teachers' lack of knowledge of the RTI process for implementation, teacher attitude, teacher buy-in, and lack of professional development for teachers who were to implement (Werts et al., 2014).

In order to investigate teacher perceptions of RTI, the researcher used a qualitative descriptive study. The researcher used two methods. First, the researcher conducted individual interviews using a semi-structured interview protocol to collect teacher perceptions and insights

on RTI; follow-up questions were used for clarification and understanding. Next, individual interview data was coded. The researcher coded the individual interviews using NVivo software. As topics were mentioned in the interview data, the researcher highlighted and coded the topic as a theme. Data was organized by theme in NVivo; the researcher organized themes in a tabular format.

A semi-structured interview protocol was written based on individual interview themes for use with a follow-up focus group. Focus group data was transcribed and coded using NVivo software. Focus group data was coded and organized in the same way as individual interview data. Focus group data was compared to the data collected during the individual interviews.

Research Questions

Research question 1: What are primary school general education teachers' perceptions about RTI and its core components in reading?

Research question 2: Is there a significant difference between best practices suggested in the RTI literature and actual practices used in the district?

Research question 2a: Is the difference based on knowledge of the five core components where RTI is implemented?

Research Design

A qualitative descriptive study was used in the collection of data. The researcher began by seeking approval from the superintendent to conduct research in the district (See Appendix A). Once approval was given, the principals from the two primary schools in the district were contacted via e-mail and asked for permission to use teachers in the school as participants in the study (See Appendix B). After authorization from principals was acquired, the researcher worked with each principal to make a list of general education teachers who could potentially participate in the study. The list was compiled to include general education teachers with diverse

backgrounds so that each of the primary grades could be represented as well as a variety of years of teaching experience.

The researcher began the study with individual interviews; the goal was to interview eight to fourteen teachers. Fourteen teachers were randomly selected from the list and contacted via e-mail to see if they were willing to participate in the study (See Appendix C). Nine teachers replied they were willing to participate in the study. The researcher then sent each teacher an informed consent (See Appendix E) and set up a time for the individual interview to take place. Participants were asked to bring the signed consent form to the individual interview. For each interview, the researcher used a semi-structured interview protocol (See Appendix D) and recorded the interview using a recording device with a password known only by the researcher. At the completion of each interview, the researcher transcribed each interview into a manuscript. The manuscript was sent to the participant to review and let the researcher know if there were any errors or that they felt misrepresented in any way.

After the aforementioned interview process was completed, the researcher began the process of coding the individual interview data for prominent themes. Saldaña (2009) concluded coding was a way for researchers to organize and group data into categories because of their shared characteristics, beginning a pattern. The researcher went through each interview manuscript and as themes were mentioned, they were coded. NVivo software was used to help identify and organize coding. As each theme came up, it was coded by color in the NVivo software. All data for each theme that was coded was then organized together into a category. Once the researcher went through the transcript and coded, word frequency within the NVivo software was also used. According to Saldaña (2007), it is rare for coding to be done correctly the first time, so recoding should occur using different methods. Once all nine interviews had

been coded in this way, the researcher had a list of prominent themes that emerged during the individual interviews.

These themes were then used to create a semi-structured interview protocol (See Appendix G) to be used with a focus group. The purpose of the focus group was to gain more insight on the prominent themes from the individual interviews and to compare data from the focus group to that of the individual interviews. The researcher went back to the original list of teachers suggested by the principals at the beginning of the study. Participants for the focus group were different from those who participated in the individual interviews; five teachers made up the focus group. Eight teachers were randomly selected from the list and asked via e-mail if they would be willing to participate in the focus group (See Appendix C). Seven responded they were willing to participate.

The researcher organized a time and day to meet for the focus group and e-mailed the participants to see if they were available during that time. Two participants responded they were unable to participate on the chosen day and five responded they were available the day for the focus group. These five teachers were e-mailed the informed consent form (See Appendix F) and were asked to bring it signed to the focus group. The focus group was recorded using a recording device with a passcode known only by the researcher. Upon completion of the focus group, the researcher transcribed the focus group into a manuscript. The manuscript was sent to the participants to review. Participants were asked to let the researcher know if they felt there were any errors or if they felt misrepresented in any way.

Once the focus group process was completed, the researcher coded the data by organizing and identifying prominent themes that emerged. Again, NVivo software was used again to organize themes. Word frequency was also used to be sure no themes were overlooked. When

this process was complete, the researcher had an organized list of prominent themes from the focus group.

Respondents

Primary school general education teachers were randomly selected as participants in both the individual interviews and focus group. Participants were chosen from both primary schools in the school district. Tables 1 and 2 represents years of experience and grade level taught by participants.

Table 1

Years of experience and grade level taught by individual interview participants

Participant	Years of Experience	Grade Taught
Participant 1	28	2nd
Participant 2	17	2nd
Participant 3	23	1st
Participant 4	10	1st
Participant 5	6	1st
Participant 6	10	Kindergarten
Participant 7	4	1st
Participant 8	18	2nd
Participant 9	19	Kindergarten

Table 2

Years of experience and grade level taught by focus group participants

Participant	Years of Experience	Grade Taught
Participant 1	9	2nd
Participant 2	16	Kindergarten
Participant 3	11	2nd
Participant 4	11	1st
Participant 5	11	2nd

Findings and Data Analysis

This qualitative descriptive study began with nine individual interviews. Data and findings from the individual interviews are reported first. Prominent themes emerged from the individual interviews and were analyzed by the researcher using NVivo software. This data was

used next to create an interview protocol to be used with a focus group. This data is reported second.

Individual Interview Findings

All nine individual interviews were coded based on themes that emerged during the interview. Upon completion of the coding, twelve common themes, or topics, were found. The following table displays the themes that emerged during the interviews and the frequency in which they were discussed. Topics in the table have been organized from themes mentioned most frequently to least frequently. Themes with an asterisk (*) beside them were mentioned in every interview.

Table 3

Prominent themes and their frequency during individual interviews

Theme	Frequency
Teacher Training in RTI*	84
Data*	57
EIP Teachers*	37
Individualized Instruction	33
Research-Based Interventions*	28
Time	25
Falling Through the Cracks	20
Support Teams	18
Home Life	14
Consistency	13
RTI is a Long Process	13
Special Education	10

Teacher Training in RTI

Teacher training (professional development) was mentioned with the highest frequency during the individual interviews. Participants described their training as an information session

on RTI, not an actual training on the implementation of RTI. Table 4 displays some participants' commentary on RTI training for teachers.

Table 4

Individual interview data on professional development

Participant	Commentary
1	*Basically we just get any time that the process is changed we get an update on that. And as far as training, that's it. I mean you know if there's any changes, or the process is changed or new information we meet just long enough to get that new information and that's just the truth.*
2	*I kind of feel like all the sessions we've had are more like a follow-up session. I don't feel like we've ever been like, I mean we're talking when we've had these meetings you're going in for 45 minutes to an hour. So there's never an in-depth discussion or in-depth knowledge on what you should do. So I kind of feel like that's all we are getting. It's kind of like the overview the follow-up make sure you're doing this don't forget to do this instead of an in-depth thing.*
5	*I'm trying to remember everything about the training. I just kind of remember sitting in there and them going through a PowerPoint and explaining the process, the different tiers, and why we do RTI.*
8	*Well I think we've been maybe a little taught the steps of what to do and how long to wait, but I don't know that we've been given a lot of good solid strategies.*

RTI Data

Participants' brought up data as the second highest topic of discussion. All participants recognized data was an essential part of the RTI process. There were mixed reports on participants' report of their experience with data. Some mentioned they kept some data in their room, but not for all students in RTI. Others discussed how the early intervention program (EIP) teacher kept all or most of the data. Table 5 presents participants' comments on RTI data.

Table 5

Individual interview data RTI data

Participant	Commentary

1	*With my kids, particularly some of my really low ones, I keep data that I give the EIP teacher along with her data and when we meet with parents you know we sit down to compare the data to see if they're making progress.*
3	*Well I think that for most of us we have a pull out intervention teacher and we have a para who is responsible for tier 2 interventions also and they keep all the data and so most of my team, they don't keep data in their classroom.*
6	*For instance in here we have students that get pulled out and I guess that's part of their RTI. I just don't keep up with the data, the EIP teacher keeps up with the data.*
8	*Every time I've ever been to a meeting with our EIP teachers, they have gobs of data on how they're doing and they're able to very clearly tell the parent how the child's doing and I think that's awesome.*
9	*Like our EIP teachers that are trained to know what to do next and they keep the data and they can tell us what's going on with the students that they serve.*

Early Intervention Program (EIP) Teachers

EIP teachers were also brought up numerous times by the individual interview participants. EIP teachers, for the purposes of this study, are defined as resource teachers who pull students in for small group and individualized interventions in tier one and tier two of RTI. EIP teachers at both schools were discussed positively. Many participants discussed how EIP teachers took on the majority of the responsibility of RTI for students currently moving through the RTI process. Table 6 includes data on participants' perceptions of EIP teachers.

Table 6

Individual interview data on early intervention program (EIP) teachers

Participant	Commentary
2	*Our school system is doing a great job in RTI cause they are pulling children out and noticing things that you might not notice in a regular classroom setting of 25 or 20 because they're only working with a small group of 5 or 6 children. So, it's easier to pull out those problems and remediate when we have those extra help teachers.*
6	*I think if it gets put all on the classroom teacher it's not as effective as say having the EIP teacher who that's her main goal or main responsibility is to focus on those struggling students so that's what she's working on all day and she has a schedule made out for that.*

7	*So I guess just a supportive role instead of, I let her, the EIP teacher, kind of lead their reading.*
8	*Well we're lucky at this school because our EIP teachers do a lot of the interventions.*
9	*I think it's to identify the students that are struggling and figure out the different interventions that we can work with them in the classroom and then if that's not working then going on to the EIP teacher and having them work with them.*

Individualized Instruction

Individualized instruction was mentioned as participants discussed what they did in their classroom with students who were struggling; both those in RTI and those who were not in RTI. Teachers were able to identify what a student needed through observation and assessment.

Table 7

Individual interview data on individualized instruction

Participant	Commentary
1	*I mean, you know, because none of these kids aren't all on the same level and like I've got one that still just needs basic sight word practice, but I've got another on that just needs fluency practice, and then I may have one that I just focus with comprehension on.*
2	*I think RTI is supposed to be a way of providing different strategies for children who are struggling with reading. I mean it's not just struggling. I mean RTI is for all children. Just depends on which tier they're in. So RTI is just strategies you're using to help children to help them wherever their weak area is at. Some require more and some require less.*
3	*RTI, I would define it as a process where you provide a different type of instruction, so different from the whole group. It might be a student who is weak in a certain area and you would provide extra help to scaffold their learning in that area. It's dynamic. It changes. So as the child improves, they may not need interventions and if they struggle then you might introduce another small group that you would keep track of those areas where they're weak in. So it's always changing.*
4	*I think RTI in reading is vital because every child is not reading on the same level and so you have to step back and look exactly at what that child is doing and if they're not mastering a standard, then you need to go even further.*

Research-Based Interventions

Research-based interventions were mentioned in all nine individual interviews. Participants noted the importance of having research-based interventions in order to help those students in their class struggling in reading. However, when asked where these research-based interventions came from, participants cited their lack of resources and knowledge on how to find research-based interventions. Data can be found in Table 8.

Table 8

Individual interview data on research-based interventions

Participant	Commentary
3	*I probably would say the research-based interventions because a lot of what we do here in our classrooms are things teachers have had to find on their own, they're not provided.*
4	*I think research-based interventions are most important because that's what is going to change children who are struggling. For the regular child it'd be my quality core instruction, but for a struggling student, research-based interventions are going to be the most helpful and the most important for them…Most of the ones I get are I just Google research-based interventions and I find them on the internet. Or maybe I'm doing some and I don't realize that they've been given to me, but, and sometimes I just don't identify that they're research-based. Well, we've always done it this way, so I'm thinking it's research-based. That probably sounds really bad…*
5	*I feel like we don't have the materials that we need to do certain interventions on certain skills. Like it's kind of, and I know as a teacher you're professional, you are your own professional mind as a teacher you should be able to use your brain and come up or be able to research for interventions, but it would be beneficial if we had something in place to where we aren't spending our time at home looking for interventions. So I feel like it would be nice if we had something here like on hand.*
6	*I can do interventions all day long, but at least if they're research-based we know that there's some backing to it whether it's worked or hasn't worked versus me just pulling something out of the air and hoping that it would work.*

7	*I would say research-based interventions and support teams I think would be the two most important. The research-based interventions, well basically if you're going to, I'm a research guru. If you're going to try something or if you want to implement something or, research it. See how well it's worked for others and if it's worked than why not try it?*

Time Associated with RTI

The next most prominent theme that emerged during the individual interviews was that of time. The discussion of time was associated with paperwork load, resources, and doing interventions individually with students. Table 9 displays these results.

Table 9

Individual interview data on time

Participant	Commentary
2	*Time. And paperwork. I think, and we're told all the time that RTI should be a very easy thing, you pull this child in, they're working on who, what, why, when, questions. Give them a small story and you can just 5 minutes on the way out to recess you can...Which all makes it sound so easy, but it is never that easy. To put it in to practice, because you know a lot of times I've noticed if you go out to recess with those children and you try to pull them aside to do those things, those children are not attending. That's not the best, that's not a time to really see what they can do. So I kind of feel like time is the biggest issue and just paperwork because you've got to show documentation of percentages, and they did it you know 5 out of 10 times, they're only scoring 50% and then you have to compare that to the next time, did they get 50% or did they do better? And so you kind of, you've got to be comparing apples to apples to apples to be able to know that that's measureable and that they are gaining progress or not.*
4	*I think progress monitoring is because it's time consuming and you've done the intervention, but now you have to collect just a few more things and it's hard for teachers to keep up with a bunch of paperwork and a bunch of data…Time. Ease of doing the actual intervention. Not having enough staff to get to every child that needs it.*
5	*But it does make sense as to why you do RTI. I think RTI is a great thing, I don't really have anything negative to say about RTI other than the time that it takes to do it and as a homeroom teacher with 24 other children, it's hard to do the RTI process at random times during the day cause you might not always have that kid at the certain time that you are available to do it. So you kind of got to squeeze it in.*

6	*Whenever I was having to do it, besides the time, I was having to go and find the resources as well which kind of goes in with time management too. But also finding a quiet place that was without distractions for that students or students that needed it, because you couldn't hold them from you know PE, Art, or Music, they had to go to those and we didn't get down time in the classroom. So, just finding the time to do it and the time to find the resources needed and the time where it wasn't distract the student that really needed it would be some challenges.*

Students "Falling Through the Cracks"

Participants also recurrently brought up students "falling through the cracks". This referred to students who are unintentionally overlooked, or who struggle and end up falling behind because they were either unidentified as struggling or did not struggle enough to be a huge concern for the teacher. The following commentary from the interviews in Table 10 represented teacher perceptions of RTI and students "falling through the cracks".

Table 10

Individual interview data on students "falling through the cracks"

Participant	Commentary
1	*No, other than well, other than the process does need to somehow be revamped, because my biggest opinion is that you just have too many kids that are falling through the cracks. Um, I think of course the whole goal of special ed is to keep them out of special ed, but what you have to do before you send one for testing is look at where they were and where they've come. And if they've made significant progress than you're going to be told well they've made progress they're not going to be tested. But if that progress is not significant enough to have that child up to where they're close to needing to be, RTI stops at that point. And I have a real problem because I have two children in my class that have been turned down for testing by special ed because they've made progress. But they're still a whole year behind. So that is something in the RTI process that heavily needs to be looked at.*
4	*I think we're still trying to get kids from point A to point B. We're trying to move them along, we're trying to catch the kids that fall through the cracks. And I don't think that's changed…So to me that was a success story because if he hadn't been screened, he'd of just fallen through the cracks and it wouldn't have gotten any better and he'd still, but by the end of the year he was reading on grade level and his fluency was 81 words per minute, for a first grader, it was amazing.*

5	*Yea, instead of there's kids who are falling through the cracks and they're not able to be pulled, but that teacher is like well…I'm sorry, I don't have time I have other children in here I have to teach. Where as I'm on the other hand I feel like I'm busting my behind doing RTI for those 4 that aren't being pulled that I'm trying to get to 2nd grade and I don't think everybody does it.*

Support Teams in RTI

For the individual interview participants, support teams in RTI were discussed as being a positive aspect of RTI for both students and teachers. These comments can be found in Table 11. All participants who talked about support teams had experience with support teams and RTI.

Table 11

Individual interview data on support teams

Participant	Commentary
2	*In our school with the support team you have the regular ed teachers and of course like for most of us and part of our school we have team teachers, so there's a team of teachers like you have a reading teachers and a math teacher. Any time there's a support team we always invite the parents so the parents can be on board to help. We have a guidance counselor that is always sits in with those as our support, our administration one of our administrators will usually come in if it's needed if it's a extreme case. But we've always got our guidance counselor and the team of teachers and the parents always work together as a team. If the child is in EIP, our EIP teachers join. And if needed when it gets to a point if it's going to be something where the child may be referred for special education, our RTI specialist which is Dana Hernandez will come in and sit in on those meetings also so we have a very large support team.*
3	*I think for the teacher would be the support team. I mean because I think because a lot of teachers struggle with RTI because they don't have somebody to ask, what can I do? They might not feel comfortable going to their neighbor or their teammate saying, hey I'm really struggling here, I need some help. I think a lot of teachers might feel a little lonely when they have kids who are struggling and so they might think it's personal that something's wrong with them as a teacher because their kids not learning. But it's not that, they just maybe need a different trick.*

7	*Well our school is supportive. I think that we get a lot of support from EIP and from the counselor and I would say just monitoring them. Just keeping up with how well they're doing and involving the parents and meeting with them and letting them know. I really think, I don't know if our school involves parents in RTI as much as they should or should not. Some parents don't really understand it or really want to know. And sometimes it might be best just to not go there with some parents. But, I think that our support team is good as far as not leaving any kids behind. We do, we go that extra mile to make sure that they're getting it. And if they're not, then we move to the next level. If they need some more testing, then we have a support team of counselor and special ed and they do a great job of following through and not just leaving that child behind.*

RTI and Student Home Life

Some participants perceived a connection in the relationship between RTI and student home life. Teachers noted parental involvement and what children deal with at home could be a factor in student success with RTI. These remarks can be found in Table 12.

Table 12

Individual interview data on the relationship between RTI and student home life

Participant	Commentary
2	*I think in most cases RTI is helping those. Because, and there are children who are just slow learners and it tends to be I think RTI is taking the place of what parents are suppose to do at home. I think we as teachers do as much as we can but we have been overloaded with paperwork and things that we're suppose to do. So we can't just do some of those best practices all the time. And so we need help from the parents…I feel like it's helping some of those but I feel like you know we've got that small area of children like I said. Some of it I think goes back to home life. And our children over the last 17 years…the things they deal with in their daily lives have changed. I mean not only what were expecting from them, but what they're encountering in their daily lives when they're not here and even when they're here.*
7	*I think that's the biggest thing. I think that there's more students each year who need support because they're not getting it at home. I think that it's become more of a, like you said, taking the place of the support that they don't, because a lot of these students may and they may not, they may not struggle if they had the support at home. Some still would of course, but I think that our RTI is taking the place of that and some students are not getting the help that they need because there's just not enough slots and there's not enough support in there.*

9	*I think a lot of, most of the time we've found you might have a student who is very intelligent, but they've just never been read to or exposed to or, nobody's sung the alphabet song with them and pointed out letters. And then once somebody starts doing that with them, then they start soaking it up and just blossoming. I think a lot of times it is exposure for our little ones.*

Consistency

When discussing consistency, participants found a lack of consistency with RTI not only within their county, but also within the state and country. In their particular county, participants surmised one issue was being unaware of who was officially in charge of RTI because it seemed to always be changing from year to year. Table 13 has organized statements on consistency made during the individual interviews.

Table 13

Individual interview data on consistency

Participant	Commentary
5	*Because nobody really knows what the right process is or what the right thing to do is or who really needs to be doing the RTI and like some of our teachers think Ellen does it because she is the EIP teacher. Where as really in reality RTI falls on the homeroom teacher. It's your job they are in your room it's your job to make sure they get what they need. So I think that's why I think its' critiqued because we're just not trained on it. We don't know who is suppose to be doing what, when, and with who, and how.*
7	*Well because I don't think that every system does it the same way, well I know that they don't and it just, I think that it is a good thing if it's implemented the way it should be. So, I just feel like that there's such a wide variety of how it should be implemented and nobody does it the same way. So, it's always going to be critiqued. It's just one of those things that can always be improved, is always changing, and everybody's got their idea of how it should be done.*

8	*But I don't know whose fault that would be because I think that maybe it's changed so many times and I'm not sure how many people truly understand what it is. And it is confusing cause it's seems to be different for everything and everyone seems to be telling you kind of different things…I guess at our school I feel like I don't know who's in charge to some degree because I don't always get, people don't always check back with me like I feel like, I've got a child right now that I'm doing interventions with and I'm pretty sure I've been doing it for the right amount of time, the time's up and nobody's come to check with me. So I'll have to follow up with that.*

RTI is a Long Process

The next theme, RTI is a long process, correlated in some ways with the theme of time as an issue for teachers with RTI. However, participant comments on RTI as a long process dealt more with the time frames necessary in the RTI process before being able to move a student to another tier or to have them tested for special education services. Table 14 represents those perceptions.

Table 14

Individual interview data on RTI being a long process

Participant	Commentary
1	*A lot of teachers- me included- just think, you know, it's really not worth it. And we'll just do what we can in our classroom rather than going through that process. I mean I have several that probably should have been RTI'd, but I know that in the end they're gonna go, well they don't qualify for anything so you know…*
3	*And if that doesn't work you usually, that's when you would refer them for special ed testing. And that's a long process. We are very slow to identify kids and I think that's rightly so. I don't think we want to label anybody in special ed that shouldn't be there.*
4	*It's a lengthy process. Its very lengthy and it involves a lot of work on the teacher's part. We are the first step of intervention for the kids. We already have our plates full with every other child, but we're trying to reach out to those 5-10 you know that need your help desperately. It's a lot.*

8	*But, my issue with it is it's easy to pass the buck to somebody else. And it's easy to say let's do this for 12 weeks, oh no let's do it for 12 more, and then it becomes next year's problem. I've seen that a lot and I don't know whether that's intentional with some, you know. I know that maybe the reason it takes time is because sometimes you need time with a child. But you got to put an element of common sense in there too. I've seen children that desperately need help that can't get it, we'll be September and the earliest they'll test them is May. I mean they're missing a whole year of their life. So, I just think that, I don't know how you'd even do it. But I think there needs to be a element of common sense in there.*

Special Education

Lastly, during the individual interviews, special education mainly came up as teachers were reiterating the goal of RTI was to reduce the number of students being identified as needing special education services. This commentary can be found in Table 15.

Table 15

Individual interview data on special education

Participant	Commentary
3	*I think probably it has. From what I remember, there had been a transition from mid to late 90s with special ed. Because at that time any student who was struggling in the regular classroom you really could just refer them to have special ed testing. And so we had all of these students who really probably were not being served correctly, they were in special ed when really they just needed some intensive interventions. So there was this trend where they it used to be where they had to be one standard deviation for them to be qualified for special ed, and I was there was there when they changed it to two standard deviations.*
5	*I believe the purpose of RTI is to keep a child out of special education. And to really get down to what skill it is that they are lacking or you know what part that they are lacking.*
6	*But from my experience if they're not making progress then we sent their progress monitoring folder to the special ed office and they kind of look at it and decide if those students could get further testing to qualify for special ed.*

Focus Group Findings

Once individual interviews were completed, the themes reported (See Table 3) were used to write an interview protocol to be used with the focus group. Eleven themes, or topics, were found from the focus group data. Table 16 shows the eleven themes from the focus group and the frequency in which they were discussed. They have been organized from highest frequency to lowest.

Table 16

Prominent themes that emerged during the focus group

Theme	Frequency
EIP Teachers	10
Training	9
Time	6
Research-Based Interventions	4
Individualized Instruction	4
Data	4
Consistency	3
Falling Through the Cracks	3
Special Education	2
Home Life	2
Support Teams	1

Early Intervention Program (EIP) Teachers

Focus group participants discussed EIP teachers with the highest frequency. All focus group participants agreed the EIP teacher handled a majority of the responsibility of RTI for those students in the RTI process. A general education classroom teacher typically only stepped in to do RTI paperwork and interventions if the EIP teacher could not serve the child. One participant had taught in another county and acknowledged the presence of EIP teachers made

the RTI process much less challenging and burdensome for the classroom teacher. Table 17 displays data on participants' perceptions of EIP teachers.

Table 17

Focus group data on EIP teachers

Participant	Commentary
1	*When you're at a school with no EIP teachers, it's a lot of paperwork and meetings that have to get done that you're in charge of getting the folder ready if someone's going to make it through to special ed. Of you have to have everything, proof of every time you did a strategy and it didn't work and that you've tried everything before you can get on. And it's lots and lots of paperwork.*
1	*Because with EIP it takes out the things that you necessarily would have to do. All the work you would have to do in a classroom if you didn't have them.*
2	*(The EIP teachers) Kind of do a little bit more, dig a little deeper, push that child a little bit more than you can cause you have so many kids you have to work with, so they get that more individualized intense direct instruction on their specific area of struggle.*
4	*I have had some students in the past who aren't in EIP but who need the interventions so then I alone am the only one keeping up with the data, but when they're in both I think the EIP teacher kind of takes over on that too. I mean I would say the kids in EIP, the EIP teacher takes more data than I do.*

Teacher Training in RTI

Participants in the focus group were also unanimous in their perceptions of their training and professional development for the implementation of RTI. This data can be found in Table 18. All five agreed their training in RTI had been to inform them about the RTI framework established in their district rather than a professional development session presenting actual strategies and examples of implementing RTI. Focus group participants discussed their need for resources, particularly research-based interventions, which were specific to the student's individual need and readily available at each grade level.

Table 18

Focus group data on RTI professional development

Participant	Commentary
2	*A notebook of interventions. Or even like it would be nice to see this is how I've done it, like show me some research-based in action. Like I want to see you do it.*
3	*But I think there's a lot to be desired as far as training for the regular ed teacher.*
4	*I think I would love more than even training is someone to give us the interventions for the skills.*

Time and the RTI Process

When discussing time associated with RTI, focus group participants agreed collectively their lack of time was not as much associated with the RTI process as it was their other responsibilities as a general education teacher. They felt paperwork was not really a time issue because the counselor or EIP teacher typically took care of paperwork. Participants did note RTI was a long process with having to wait twelve weeks before moving students to another tier or to get them tested for special education. These statements can be found in Table 19.

Table 19

Focus group data on time

Participant	Commentary
1	*You have to prove that nothing is working before they can get into special ed. Or if something is working prove that it was effective, but then they're kind of stuck with that strategy. But you got to have proof.*
1-5	*(R): Do you think the lack of time is more to do with the RTI Process or your other responsibilities as a teacher?* *(P1-5): Other responsibilities.*
4	*(R): A lot of people talked about how RTI is a long process. So what specifically makes it a long process?* *(P4): That you need 12 weeks of interventions.*

Research-Based Interventions

While research-based interventions were not the highest in frequency discussed, focus group participants agreed universally they did not have research-based interventions given to

them, they do know how to tell if an intervention is research-based, and had no training or professional development on research-based interventions (see Table 20).

Table 20

Focus group data on research-based interventions

Participant	Commentary
3, 5	*We just Google research-based interventions.*
4	*Like for me I've mostly done sight word interventions and I'm not, so it's just practice and using the phrases so I mean, I don't know that it's not research-based, but… But it's something they've told us we could do I suppose. Like when you ask, what do I need to do? Somebody says, well here, you know, do the sight words and then record how many they get right. So I mean, that's just somebody told me to do it.*

Individualized Instruction

The individualized instruction focus group discussion centered on how teachers identified what individualized instruction a student needed and how they worked with these students (see Table 21). Teachers pinpointed which students needed help through the use of observations and assessments.

Table 21

Focus group data on individualized instruction

Participant	Commentary
2	*Kind of do a little bit more, dig a little deeper, push that child a little bit more than you can cause you have so many kids you have to work with, so they get that more individualized intense direct instruction on their specific area of struggle.*

4	*Well, I mean you can kind of see just from what skills they're low in when you give assessments or when you, you know are just walking round and looking to see what kind of work they're doing. If you notice, well that kid and that kid they are not doing well on their, um whatever skill it is that you're looking for, I don't know I can't think of something right now, but anyway and then you know you can just make a note, I need to meet with those kids to touch on that skill again cause they obviously missed it you know the first time that you went around. So, and I think our assessments too for example decoding. If they made a 2 or a 1 in decoding, then over the next few weeks before our retest, then the kids who made the 2 in decoding, I can bring them to my table and work with them on whatever skills they missed and try to get them caught up.*
5	*Yea, like class discussions you can really see things that kids struggle with. Whether it's comprehension or connections or little, even word pronunciation. You can just figure out those things just by listening to them or not necessarily an assessment, but definitely an assessment usually can.*

RTI Data

Focus group participants felt data was an asset to the RTI process and gave them a true sense of where a child is academically. Participants spoke positively about data and did not complain about the time or paperwork involved in data collection for RTI (Table 22).

Table 22

Focus group data on RTI data

Participant	Commentary
1	*And it shows what's working. If it's working then they don't need to move up and they don't need to be in special ed. But if it's not working, then something needs to change.*
2	*I think it's real important to have as well because you have to have something to show what they're doing and that consistency doing it every, whether it's every 2 weeks, or every 3-4 weeks. It's important.*
5	*And it's pretty accurate I feel like most of the time. Your kids that you know are going to score low, usually score low on the monitoring. And the ones that you know have made progress show more progress than the last time then to the most present time. So I feel like it's pretty accurate.*

Consistency

Focus group participants' perceived RTI in their school was consistent. One participant felt the universal screener was not always consistent mainly because more timid students might not do as well with an adult they do not know performing the screener. When asked about consistency of RTI in the state, four participants stated they did not know. One participant had worked in another county and pointed out differences between those two counties (see Table 23).

Table 23

Focus group data on consistency

Participant	Commentary
1	*From the other counties that I've worked in this in the only school that had EIP teachers. The others did not have them at all. It was the classroom teacher did their own RTI and you had to have your own evidence, kids never got pulled out for any sort of EIP.*
4	*(R): How consistent do you feel RTI is in your school? On a scale from 1-10, 10 is most consistent, 1 is least consistent.* *(P4): Maybe about an 8.* *(R): An 8? Ok, why an 8?* *(P4): Well, I feel like when the kids are identified I feel like most classroom teachers probably follow through, but I don't say a 10 because I think there's a few that probably slip through that maybe we should move farther in the tiers that maybe actually don't get moved as far as they should be.*

Students "Falling Through the Cracks"

When discussing students "falling through the cracks", focus group participants felt their school district did well in "catching" these students before it was too late. The only time they noted it might still happen is when EIP teachers did not have enough seats for all of the students struggling, and when students transferred into the school system in the middle of the year. Data can be found in Table 24.

Table 24

Focus group data on students "falling through the cracks"

Participant	Commentary

1	*I think they do all they can with the number of seats they're allowed to have. And they try to make accommodations when someone absolutely needs it and they don't have a seat, of rearranging things. But, the numbers they can only have a certain many.*
3	*Just the way it goes back in and fills in those gaps. If there's a phonics problem that they're having, the screening that they use and they know exactly where to plug them in and how they advance them and then they back them up and then they advance a little farther and they back them up. That gives them success so they have the confidence they need. For some of them that's a key part of that. And I feel like, I can't speak for every school, but at our school I feel like we do a really good job with that. Again, the ones that come in not at the beginning of the year sometimes it may be harder to get those kids in and get them caught up because of space issues, but I feel like that the program overall does a really good job.*

Special Education

When discussing special education, focus group participants saw it as a "last resort" in the RTI process and that RTI was designed to keep so many children from being placed into special education (see Table 25).

Table 25

Focus group data on special education

Participant	Commentary
2	*It's like a last resort. You know, you do all the RTI first, they move up tiers if it's not working, they have to continue with something more intense. And if it's still not helping that child, then they are referred over to special ed.*
3	*Well I know before they ever did any kind of anything where you just as a teacher said this kid needs to be tested for special ed and they did it. You know, I think this is a very good process to have in place financially for the school system and otherwise too for the children that don't need to be placed in there that A) need more time or they need to just catch up. I think it's a very good program.*
5	*And I think RTI is used to keep them out of it…so that you're not just putting every kid that has struggles in special ed…But you have those that really need it, so this RTI kind of weeds out those that really need it versus those who don't I feel.*

RTI and Home Life

Focus group participants' statements on the correlation between home life and RTI differed slightly from those of the individual interviews. While focus group participants felt students probably stood more of a chance needing extra support at school through RTI and EIP if there was no parental support at home, it did not mean that every student in EIP did not have support at home (see Table 26).

Table 26

Focus group data on student home life and RTI

Participant	Commentary
1	*I think if you've never had that support of the help kind of before Kindergarten of that foundation of the alphabet and reading, then you stand more of a chance of getting in EIP, but just because your in EIP doesn't mean you're family didn't support you. Cause we have kids who have great support that are in EIP, but others if they never had support then they stand a good chance of being there.*
4	*I feel like a lot of ours who have the parental support make more progress in EIP sometimes than those who don't have the support.*
5	*Yea, to an extent. I feel like I have one that's in LLI because nothing is ever done at home with her. But then I have another one who's in EIP and he has very supportive parents and he's just a struggling reader. And he's just, is just taking him a little bit longer to get it. But he has that reinforcement at home and it's helping. Where as some of the others don't have that reinforcement so they're just struggling along trying to make it through.*

RTI Support Teams

Lastly, the focus group rhetoric on support teams was the same as that during the individual interviews. Focus group participants agreed support teams were important for the student as well as the teachers and other support staff involved with the student (see Table 27).

Table 27

Focus group data on support teams

Participant	Commentary

1	*Because with EIP it takes out the things that you necessarily would have to do. All the work you would have to do in a classroom if you didn't have them. And then it benefits the student the most cause they get the help they need. And it helps to see, like are they doing the same thing in that room? You know, I'm seeing this in my room, do they do that for you too? Of, is it me or the kid?*
5	*Yea, cause then if you have a question or what do you think about this? You can always ask and then do you have something I can do for this, sharing resources.*

Results

In the individual interviews, twelve themes emerged from participants' perceptions, thoughts, and feelings on RTI and its core components as it pertained to reading in the primary grades. Eleven similar themes arose during the focus group discussion.

Teacher training in RTI was mentioned at the highest frequency in the individual interviews, eighty-four times. It was mentioned in all nine individual interviews. The consensus was RTI training had not really been training for the teachers. In these sessions, teachers reported they were just being told what RTI was, how it worked, and any updates on changes in RTI. No individual interview participants recalled a time they were trained on specific strategies or in depth knowledge on RTI. Every session had felt like an overview or follow-up session on what RTI was and how it worked. All five focus group participants stated they felt the same way about RTI professional development.

Data was the theme brought up with the second highest frequency with fifty-seven mentions. It was mentioned in all nine individual interviews, but perceived differently by each of the participants. All individual interview participants noted data was an essential component of RTI. However, each participants' experience with data differed; some teachers kept data themselves, while others relied on the EIP teacher to collect and keep all data on students in RTI. Focus group participants spoke of RTI data positively and as an essential part of RTI.

Mentioned thirty-seven times in all nine individuals interviews, EIP teachers were seen as a "life-saver" to homeroom teachers when working through the RTI process. Focus group participants agreed, discussing EIP teachers with the highest frequency. Both felt the EIP teacher took on a majority of the responsibility of RTI.

Individualized instruction was brought up thirty-three times during the individual interviews. Teachers discussed how through observation and assessment they were able to identify areas a student might need individualized instruction. This held true for all students, not just those in EIP. Focus group participants reported similarly to individualized instruction participants.

Research-based interventions were discussed in all nine individual interviews as teachers divulged their want and need for research-based interventions. Participants felt they had to find their own interventions on the Internet, or were doing something they were told and not really knowing if it was research-based. Focus group participants noted they did not have research-based interventions and they unanimously agreed they did not know how to tell whether or not an intervention was research-based.

When discussing time, individual interview participants felt there was significant time associated with RTI paperwork, finding resources, and finding the time to do interventions with individual students. This theme correlated in many ways to the theme that RTI is a long process. Individual interview participants felt the time frames set in place before moving students amongst the tiers in RTI and to get children tested for special education services was too lengthy. Focus group participants mentioned time was not as much an issue for them in the RTI process, but mentioned due to their other responsibilities as a general education teacher.

Individual interview participants had mixed reports on students “falling through the cracks”. Some felt RTI did a good job of catching those students, while others felt students were still falling through those cracks. Focus group participants agreed their system was doing a good job of catching those students, but it was sometimes difficult to do that when students entered their school in the middle of the year or if the EIP teacher did not have enough spots to accommodate all struggling students.

In the discussion of support teams during the individual interviews and the focus group, participants agreed support teams were necessary for students and teachers. Students got the support and help they needed and teachers had a team to help them teach and intervene in the best way possible.

The correlation between RTI and home life differed between individual interviews and focus group participants. Individual interview participants felt RTI in many ways was taking the place of what parents should be doing at home; lack of support and exposure at home had caused some students to fall behind in school. Focus group participants felt lack of support at home could make it more likely a student struggled in school, but just because a student struggled in school did not mean they had no support at home.

In the discussion of consistency in RTI, individual interviews and focus group participants contrasted in perceptions. Individual interview participants felt there was a lack in consistency with RTI within their school district as well as the state. They were not even sure about who was in charge of RTI for their district. Focus group participants experienced consistency with RTI in their district. Four focus group participants were unaware of whether or not state implementation was consistent. One focus group participant taught in other counties and noted many differences in the way RTI was implemented in different counties.

Lastly, special education was discussed as a "last resort" and that RTI was designed to keep so many students from being placed into special education. RTI was a way for schools to take time to identify whether a student was just a struggling learner, or if they truly needed services from special education.

Response to Research Questions

What are primary school general education teachers' perceptions about RTI and its core components in reading? The answer to this research question was answered in the qualitative data collected by the researcher through nine individual interviews and a focus group. Table 28 represents teacher perceptions on RTI as found through prominent themes, or topics, in discussion.

Table 28

Teacher perceptions on RTI as found in the prominent themes discussed in individual interviews and focus group

Theme	Participant Perceptions
Teacher Training in RTI	*Participants agreed unanimously trainings had been information sessions, not training on specific strategies or techniques to be used in RTI.*
Data	*Some participants perceived RTI data was the responsibility of the EIP teacher. Others discussed they kept data in their classroom as well as having the EIP teacher keep data on students in RTI.*
EIP Teachers	*Participants all agreed EIP teachers were a huge help in the RTI process; a majority of the responsibility of RTI was given to EIP teachers. Participants who had taught in counties without EIP teachers noted the huge responsibility RTI placed on classroom teachers if no EIP teachers were present in the school.*
Individualized Instruction	*Participants unanimously discussed their use of individualized instruction in the classroom with students whether or not they were in the RTI process. If students were weak in any area, they were pulled in small groups or individually to practice that skill.*
Research-Based Interventions	*Participants felt strongly about the need for resources for research-based interventions. Several participants discussed the need for a notebook with lists of interventions for different skills in reading at each different tier in RTI. Focus group participants noted they did not know if interventions they were using were research-based or how to tell if an intervention was research-based or not.*

Time	*Participants noted finding interventions and the time to do interventions was a challenge. Individual interview participants discussed paperwork as a time issue during the RTI process. Focus group participants felt their other responsibilities as a general education teacher were more of an issue than the actual RTI process.*
Falling Through the Cracks	*Individual interview participants had mixed perceptions of whether or not RTI was doing a good job of catching those students falling through the cracks. Focus group participants agreed RTI was doing a good job of catching those students who may fall through the cracks, but it could be difficult to do that when students entered school in the middle of the year or if there were not enough EIP seats available.*
Support Teams	*Participants agreed support teams were an asset for both the teacher and the student.*
Home Life	*Individual interview participants felt there was a strong relationship between RTI and home life; RTI in many ways has taken the place of what parents should be doing at home. Focus group participants noted a child was more likely to struggle if they did not have support at home, but just because a student struggled did not mean they had no support at home.*
Consistency	*Individual interview participants did not note consistency in the RTI process. Focus group participants felt RTI was consistent in their district, but were unaware of consistency anywhere else.*
RTI is a Long Process	*Participants felt it was a long process to collect enough data to be able to move students amongst the tiers of RTI and to eventually be tested for special education services.*
Special Education	*In all discussion, it was noted RTI was designed to keep students out of special education. Special education was a "last resort" when students struggled.*

Is there a significant difference between best practices suggested in the RTI literature and actual practices used in the district? Table 29 compared best practices in RTI from the researcher's review of the literature and actual practices used in the district.

Table 29

Comparison of RTI best practices form the literature and RTI actual practices in the district as found in the individual interviews and focus group

Best Practices from the Literature	Actual practices in the district

The RTI tiered model provided scientific, researched-based reading interventions that vary in intensity for students who were struggling, but had not yet been identified for special education (Guskey & Jung, 2011). The RTI process was a systematic method of teaching using a process of monitoring and intervening as children responded, or did not respond, to interventions (Stuart, Rinaldi, and Higgins-Averill, 2011).	Participant 2: *I think first of all as you're doing your reading instructions and the normal things you would do, you find the child that is weak in area or areas whether its writing or they just don't have the fluency they need. Then you pull out a strategy so those children you realize they are not where they're suppose to be, and so those can be moved into what they consider tier 2. And then you work with those children on strategies if it's fluency, then you're working with them with reading races or different things that would build up their fluency. If it's comprehension, different things that you can use to build up their comprehension ability. And then after you do that for a matter of 12 weeks, and at the end of that 12 weeks you kind of go through the data and did they make improvements? If they're making improvements than you continue what you've been doing. You just continue helping that child. If they're making absolutely no improvements and you've given these extra strategies then they can move in to a tier 3 and that's when you give them even more strategies, you bring in a team you meet with the parents and you say "hey, we're noticing a real weak area we're trying to do these things". And so you start working on even more, definitely more individualized strategies, strategies they can do at home, strategies you have extra people like the EIP teacher pulling aside doing extra things. And then once you do that for a few more weeks you realize that there's really a weak area. At that point, if there's no improvements then you start working into the special ed referral to have them tested to see if there is a need. And you do hearing and vision screenings and all. But if once they get in that tier 3 and you're getting everybody on board and they start improving then you can move back down to a tier 2 and you just keep going.*

Universal screenings were used to identify those students not meeting reading goals in the general education classroom who would benefit from additional instructional interventions (Regan, Berkeley, Hughes, & Brady, 2015).	P2: *When we do universal screening in our school, which is in the beginning of the year how we notice that there are children that need help. That's actually originally in the beginning of the year is how we pick children originally starting in EIP.* P4: *Well, first of all we'd identify by doing some kind of a screener that this child is not doing very well and so we get the data on the child at the beginning*
Progress monitoring allowed for data-informed differentiation in the classroom (Stuart et al., 2011). Progress monitoring was used throughout the entire RTI process because all students were progress monitored in order to identify any students who were at-risk for failure in a specific area (Brownell, Sindelar, Kiely, & Danielson, 2010). Once students were moved into tier two or three, they received intensive instruction and were frequently progress monitored in order to see if interventions helped students make progress (Brownell et al., 2010; Regan et al., 2015).	P3: *I've done some research in the last year and I'm keeping better notes, I'm using a chart where I can plot their progress monitoring on the regression line to see if they're each week how they're doing and that's really made me more focused and targeted in their instruction.* P5: *And then I feel like progress monitoring is important because you want to progress and see where they are to see if they are making improvement based on those researched interventions and if they are working. So I feel like that's important for students too because you want them to be able to see their progress. "Oh yay! You went from reading 5 words correct per minute to 15 words correct per minute in 3 weeks, that's really great, we're going to keep doing what we're doing to see if we can get it to 30."*
When implementing the RTI model, it was crucial the interventions being used were reliable, organized, high quality, researched based, and easily and effectively implemented (Martinez & Young, 2011).	Focus Group: *(R): Would you know how to tell if an intervention was research-based or not? Has anyone ever explained that to you? (P4): No. (P2): No. (P5): No. (P3): No. (P1): No.* P4: *No. Or maybe I'm doing some and I don't realize that they've been given to me, but and sometimes I just don't identify that they're research based. Well we've always done it this way, so I'm thinking it's research based. That probably sounds really bad.*

Regan et al. (2015) clarified professional development, when working toward promoting school reform, was not simply a focus on improved student achievement, but making a change in the way teachers were doing things in schools. Meyer & Behar-Horenstein (2015) surmised having ongoing professional development for teachers is acute in employing RTI successfully. Regan et al. (2015) agreed by pointing out the approach taken for professional development should be continuous if sustainability is going to be ensured.	P4: *I have never been through a professional development for RTI for reading.* P5: *Because all you hear is RTI, RTI, RTI. We have no professional development training on it, but everything is RTI.* P6: *Yea I don't know if there's a lot out there for RTI on professional development. A lot of it I guess is from just my own experience and using it.* P7: *I mean, just like the PowerPoints that we get, like I said, they let us know what it is and how it works, and the system of it.*

RTI best practices and actual practices in the district were the same when it came to tiered levels of intervention, universal screening, and progress monitoring. For interventions, best practices in the literature called for high quality, research-based, organized interventions. Participants in the interview and focus group discussed their want and need for these high quality, research-based, organized interventions. Participants' reported high-quality, research-based, organized interventions were not provided to them. Focus group participants stated they were not sure how to determine if interventions were research-based or if the interventions they were using were research-based.

Professional development also differed between best RTI practices in the literature and actual practices in the district. According to the literature, professional development was paramount in successful RTI implementation. Participants' reported training in RTI were sessions on what RTI was and how it worked, not in-depth strategies or best practices for general education teachers.

Is the difference based on knowledge of the five core components where RTI is implemented? All participants were familiar and knowledgeable about the five core components

of RTI in its implementation. While participants' interpretation and perception of the core components may have differed, all had knowledge of the five core components of RTI.

Summary

What are primary school general education teachers' perceptions about RTI and its core components in reading? Overall, participants were not negative about the RTI process. Participants reported most of the responsibility of RTI fell on the EIP teacher. Participants stated they had not received appropriate professional development in RTI. Any sessions felt like "refresher" sessions to remind teachers what RTI was and how it worked. There were no trainings on actual implementation of RTI or strategies to use with RTI.

Is there a significant difference between best practices suggested in the RTI literature and actual practices used in the district? Participants identified actual practices and best practices were aligned between the two in most areas, but did not align with professional development and research-based interventions. The literature stated the importance of ongoing, in-depth professional development in RTI for general education teachers. Participants in the study did not feel they had received this type of professional development. According to the literature, research-based interventions should be consistent, organized, and high quality. Actual practice in the district as perceived by participants was not only did they not have research-based interventions, but also they were not sure how to identify whether or not an intervention was research-based.

Is the difference based on knowledge of the five core components where RTI is implemented? Teachers who participated in the study had knowledge of RTI and its core components in reading. However, teachers did not have knowledge on strategies and RTI implementation. Lack of professional development had led to lack of knowledge on strategies for implementing RTI.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

Twelve years ago, Response to Intervention (RTI) was initiated during the reauthorization of IDEA. It was a general education initiative; RTI had to be a part of the process in identifying students as specific learning disabled (SLD), though it did not have to be the singular process in this identification. States could use RTI together with any other research-based procedures considered appropriate by the state. There were no national guidelines for RTI or a definition. Because of this, across the United States RTI was carried out in strikingly dissimilar ways. Due to these factors, educators reported feeling frustrated and confused.

During this twelve-year period, few researchers had specifically investigated general education teachers' perceptions of RTI; administrators, special education teachers, and resource teachers were included in previous studies. Since RTI was a general education initiative, the researcher found little literature geared toward general education teachers' perceptions of RTI and its core components as it pertained to reading. The researcher proposed to gain insight on the implementation of RTI by general education teachers, specifically primary school (Kindergarten-Second Grade) teachers' perceptions about RTI and its core components.

Key to the implementation of RTI were five core components identified in the literature: 1) quality core instruction; 2) universal screening; 3) progress monitoring; 4) tiered levels of research-based interventions; and 5) support teams (Al Otaiba, Wagner, & Miller, 2014); these core components were used as the foundation for measuring teachers' perceptions on RTI.

Research question 1: What are primary school general education teachers' perceptions about RTI and its core components in reading?

Research question 2: Is there a significant difference between best practices suggested in the RTI literature and actual practices used in the district?

Research question 2a: Is the difference based on knowledge of the five core components where RTI is implemented?

The research design was a qualitative descriptive study. The researcher explored primary school general education teachers' perceptions of RTI and its core components as it pertains to reading. Data were collected first through nine individual interviews. Responses from individual interview participants were coded using NVivo to identify prominent themes. Next, these prominent themes were used to write an interview protocol to use with a focus group of five teachers. The focus group transcripts were also coded using NVivo.

Upon completion of the analysis of the individual interviews, twelve prominent themes emerged: teacher training in RTI, data, early intervention program (EIP) teachers, individualized instruction, research-based interventions, time, students falling through the cracks, support teams, home life, consistency, RTI is a long process, and special education. These themes were used to construct an interview protocol for a focus group. After analysis, the prominent themes that emerged from the focus group were as follows: EIP teachers, training, time, research-based interventions, individualized instruction, data, consistency, students falling through the cracks, special education, home life, and support teams.

Analysis of Research Findings

Research question 1: What are primary school general education teachers' perceptions about RTI and its core components in reading?

Primary school general education teachers' perceptions about RTI and its core components in reading were collected using nine individual interviews and a focus group. Twelve total themes developed during these individual interviews and focus group: teacher training in RTI, data, EIP teachers, individualized instruction, research-based interventions, time, falling through the cracks, support teams, home life, consistency, RTI is a long process, and special education.

Teacher Training in RTI

All participants reported teacher training in RTI had been a brief meeting that simply explained what RTI was and how it worked. Participants stated they had not had training on strategies to use for RTI or ways to better implement RTI.

RTI Data

Participants had varied reports concerning RTI data. Some participants admitted they did not keep data, they relied on the EIP teacher to record and collect data. Other participants noted the EIP teacher kept data, but that they too collected and recorded their own data on struggling students. Other participants stated they kept data on all struggling students in their room whether or not they were in RTI.

EIP Teachers

Overall, EIP teachers were seen as a "life saver" to participants because they took on a majority of the responsibility of RTI. Three participants had worked in other counties that implemented RTI in a way that did not use EIP teachers. These three participants especially noted the benefits in having EIP teachers as they had had to implement RTI without these resource teachers.

Individualized Instruction

All participants noted individualized instruction was a part of what they did as a teacher whether or not students were moving through the tiers of RTI. Through observation and assessments, participants worked to identify any students who struggled with any skill and pulled them into small groups to work on those skills.

Research-Based Interventions

Participants discussed their need for a framework that laid out research-based interventions for each of the tiers in the different areas of reading. They revealed they did not have research-based interventions and had to spend time finding interventions on their own. Participants noted they did not know if what they were doing was actually research-based.

Time

Time came up in two different ways. First, some participants stated RTI was a long process. One participant stated while it took time to get to know students and implement interventions, there should be an element of common sense during the RTI process. Some participants also mentioned time was an issue when looking for interventions to use with students and when trying to find the time do those interventions one-on-one with a student.

Students Falling Through the Cracks

"Falling through the cracks" referred to students who unintentionally were not given the help they needed in school because they either did not struggle enough to be a huge concern for teachers or who were never identified as struggling. Some participants felt students were still falling through the cracks in RTI. In the focus group, when asked whether or not RTI did a good job of catching children from falling through the cracks, participants did note an exception to this was when a student transferred into the school in the middle of the year, or when the EIP teacher does not have enough seats for all struggling students.

Support Teams

All participants noted the advantages of support teams for students as well as teachers. The majority of discussion about support teams focused on support teams for teachers, not students. Participants said they utilized these support teams when they needed help with a struggling student.

Home Life

Participants were not directly asked about student home life during the individual interviews, participants brought this issue up when revealing concerns and obstacles in dealing with RTI. Several participants felt RTI, in many ways, was taking the place of what parents should be doing at home. Lack of exposure at home and what students were dealing with in their personal lives were a concern. Focus group participants agreed a student was more likely to struggle and need extra services if they did not have support at home, but just because a student was receiving extra services did not mean they did not have support at home.

Consistency

When consistency was discussed, participants did not feel there was consistency in the implementation of RTI. Perceptions about consistency included within their school district as well as throughout the state. Three participants who had taught in other districts stated RTI was implemented differently in each county.

Special Education

Participants perceived special education as a "last resort". They agreed the goal of RTI was to keep students out of special education and students should only be tested for special education services once all other options have been tried.

Research question 2: Is there a significant difference between best practices suggested in the RTI literature and actual practices used in the district?

Best practices in the literature included use of research-based interventions, universal screening, progress monitoring, and professional development. Based on the data gathered during the individual interviews and the focus group, there were differences between best practices suggested in the literature and actual practices in the district in regards to research-based interventions and teacher training in RTI. In all other areas, participants' perceptions, responses, and knowledge were aligned with best practices in the literature.

Research-Based Interventions

In the literature, Martinez and Young (2011) explained it was crucial that interventions being used when implementing the RTI model were research based, reliable, high quality, organized, and effectively and easily implemented. First, all participants noted they did not have interventions readily available and were many times using interventions they had either found on Google or had just been directed to do.

Five out of five focus group participants agreed they did not know how to evaluate whether or not an intervention was research-based. Actual practices reported by participants in the study did not align with Martinez and Young's (2011) best practices on research-based interventions.

Universal Screenings

For best practice, Regan, Berkeley, Hughes, and Brady (2015) reported universal screenings in RTI should be used to identify students who needed additional instruction and interventions because they were not meeting goals in the general education classroom. Individual interview participants reported using universal screeners to identify students who would benefit from additional instructional interventions. Based on participants' responses, actual practices in the district for universal screenings align with best practices as described in the literature.

Progress Monitoring

Brownell, Sindelar, Kiely, and Danielson (2010) surmised progress monitoring should be used throughout the entire RTI process so students who were at-risk for failure in certain areas could be identified. Once a student was moved into tier two or three, they were to receive more intense instruction and were progress monitored more frequently in order to track progress (Brownell et al., 2010; Regan et al., 2015).

Best practices for progress monitoring in the literature align with actual practices in the district as reported by individual interview and focus group participants.

Teacher Training in RTI

Meyer and Behar-Horenstein (2015) concluded ongoing professional development for teachers was critical in the successful implementation of RTI. Regan, Berkeley, Hughes, & Brady (2015) reported if sustainability was to be ensured when trying to promote school reform, professional development should be continuous and was the way to make a change in the way teachers were doing things in schools. Participants in individual interviews and the focus group testified their experiences with RTI professional development included only brief overviews of what RTI was and how it worked.

In the focus group, when asked if professional development was used to inform them about RTI or if professional development sessions were presentations on actual strategies and examples of implementing RTI, all participants stated professional development had only been to inform about RTI. Best practices in the literature noted the importance of ongoing professional development. Actual practices in the district as reported by participants did not include ongoing professional development.

Research question 2a: Is the difference based on knowledge of the five core components where RTI is implemented?

Based on their responses and researcher observation, participants were well versed in RTI and its core components. Participants easily discussed all core components and participants did not appear to be unaware of or have a lack of knowledge.

Discussion of Research Findings

Overall, participants' perceptions of RTI were positive. While each participant mentioned obstacles or concerns with RTI, the overarching perception was teachers understood the importance and purpose of RTI and why it had been implemented. There were three current theories in the field based on previous studies similar to this one.

First, Martinez and Young (2011) conducted a qualitative study to examine how school personnel were implementing and perceiving RTI. There were ninety-nine participants; sixty-seven percent were general education classroom teachers and the rest were comprised of counselors, administrators, special education teachers, and diagnosticians. Overall, teachers spoke positively about RTI, many teachers were already doing interventions with students who needed it, and RTI data was important in the SLD identification process. A majority of participants indicated they were already helping struggling students before RTI. Participants also reported there was a good system in place for early identification by having a school-wide system of teachers referring these students. There were some areas participants noted that could use some improvement. Progress monitoring came up as an issue that might need to be addressed.

The current study also found participants with an overall positive perception of RTI and its core components. Unlike Martinez and Young's (2011) study, participants felt progress monitoring worked well for them and helped identify those students who were struggling and needed extra help. Participants in the current study did not report a specific system for early identification, but discussed through universal screenings and discussions with the EIP teacher,

students were referred for extra services. However, participants in both studies noted there were aspects of RTI they felt were working well, and aspects that needed more work.

Next, Bineham, Shelby, Pazey, and Yates (2014) used a quantitative survey to measure perceptions on implementation of RTI. Six hundred nineteen participants were involved from all fifty states and were either in support, administrative, or instructional roles at the campus or district level. Because this was a quantitative study, positive or negative feelings on RTI were not measured; results were based solely on factual information. Participants did not appear to be as knowledgeable on RTI as participants in the current study because one in ten participants in Bineham et al.'s study had not even heard of RTI. Only twelve percent of participants in Bineham et al.'s study mentioned tiers. Sixteen percent mentioned RTI implementation in an elementary school. Fourteen percent reported RTI implementation in reading.

While the current study was on a much smaller scale, fourteen total participants versus six hundred nineteen, participants of the current study were more knowledgeable on RTI and its core components as they were able to readily discuss RTI's rationale, implementation processes, and core components. All participants were knowledgeable about tiers in RTI and how students moved through those tiers.

Lastly, Regan, Berkeley, Hughes, and Brady (2015) completed a mixed methods study that utilized a questionnaire followed by interviews with a sample of the questionnaire participants. The purpose of the study was to explore educators' perceptions of the implementation of RTI in their school district. There were fifty-seven participants that included: thirty-one general education teachers, nineteen special education teachers, sixteen specialists, and six administrators. Overall, Regan et al.'s results portrayed participants as feeling negative about RTI. However, Regan et al. also noted this was consistent with findings of other studies

because RTI was in the initial years of implementation. Therefore, teachers were expected to feel less clear on RTI implementation.

Just as in the current study, participants in Regan et al.'s (2015) study reported they lacked the appropriate knowledge and training to successfully implement RTI in their school district. Regan et al. also indicated a need for professional development for teachers based on the results. The same is true of the current study because all teachers indicated a need for more in depth training on the implementation of RTI. On the other hand, Regan et al. stated teachers felt unprepared to use data to make informed decisions about tier movement in RTI, confusion on terms and procedures of RTI, and lack of confidence in tiered levels of instruction. Participants in the current study did not share these same reports. Participants of the current study reported being prepared in each of these areas. Regan et al. had no mention of EIP teachers as part of the RTI process where the participants of the current study spoke positively of the role of EIP teachers and the importance of their role in RTI.

Conclusions

Based on the findings of this study, there appeared to be a lack of an RTI framework in the district, particularly in the areas of RTI data and research-based interventions. An RTI framework would provide teachers with necessary guidance for successful implementation including identification of the district staff roles and school staff guiding the processes including training (initial and ongoing), timing, and logistics (resources). When asked about RTI data, participant answers varied significantly. There were differences in who collected the data, for which students data was collected on, and ultimately whose responsibility it was to collect RTI data. Participants stated that when it came to data collection, they were doing what they thought was best and were unsure of what other teachers did for data collection. Research-based interventions were also reported as inconsistent. Participants said they did not have research-

based intervention or any set way to get those interventions. The implementation of guidelines and policies in these two areas could offer more consistency in the district for data collection and research-based interventions.

It was reported teachers' trainings in RTI had focused on what RTI was and how it worked; there were no reports of trainings on the implementation of RTI or strategies to use with RTI. Therefore, the lack of teacher training had led to inconsistent implementation of RTI in the district. While participants were knowledgeable on RTI and its core components, each was implementing RTI based on their interpretation many times pulling strategies and interventions from their experience or from the Internet. Teachers trained more consistently on the implementation of RTI, implementation would be more consistent and with more fidelity throughout the district.

Researchers of previous studies on RTI had found a lack of teacher knowledge on RTI and negative teacher perceptions of RTI and its core components. In this study, teachers were very knowledgeable on RTI and its core components and had overall positive perceptions about RTI. Because teachers in the current study had worked with RTI for longer than teachers of previous studies, they were more familiar with RTI and how it worked. RTI was mandated in 2004, so teachers have had the opportunity to become familiar with RTI. However, teachers need implementation help with RTI. Further knowledge for implementation is needed according to participants.

Lastly, the conceptual framework of the study was a model of diffusion of an innovation over time. Previous studies, even those only a few years earlier than the previous study, found teachers to be less comfortable, more negative, and overall confused about RTI and its implementation. However, teachers have now had more time to work with RTI and become more

familiar with it and its core components. Due to this, teachers now understand RTI better and how it should work. Due to the familiarity with RTI and how it works, the focus should now be on how to work to better implement RTI. According to the current study, professional development was focused on giving teachers information about RTI. Teachers understand what RTI is and how it is set up. Now, the focus should be on giving teachers the tools, strategies, and resources they need to successfully implement RTI. RTI has been diffused into schools. Focus on the process of changing teachers' knowledge of RTI implementation strategies and resources is needed.

Implications

Participants indicated the use of EIP teachers to implement RTI helped ease the responsibilities of implementing RTI from the general education teacher as the EIP teacher took over a majority of the RTI responsibilities. Three participants who taught in other counties vouched that without EIP resource teachers, the RTI process was much more overwhelming and strenuous for the general education teacher. Superintendents, policy makers, principals, and other stakeholders in the field of education should take note of general education teacher perceptions of EIP teachers. The presence of these resource teachers benefited the students because they were receiving instruction in a small group and were progress monitored and intervention data collection was consistent.

Participants also continuously voiced a need for professional development in RTI. They noted they had previously only had brief meetings to refresh teachers about RTI and how it worked. All teachers were familiar with the RTI process and did not need meetings presenting information on RTI and its core components. All participants discussed a need for professional development on implementation of RTI. Practical and hands-on information on how to successfully implement interventions with students and training on research-based interventions

would be of greater benefit to teachers. Providing of professional development teachers want and need would not only improve RTI implementation, but provide teachers a greater sense of self-efficacy.

Participants were clear in their desire to have research-based intervention examples given to them. Individual interview participants noted a resource of research-based interventions for each of the tiered levels and reading skills are needed. Participants reported they were left to find their own interventions on the Internet, or they just intervened in ways they always had as a teacher, unsure whether or not the intervention was research-based. Focus group participants revealed they did not have guidelines to discern whether an intervention was research-based or not.

Recommendations

Providing high quality, detailed, and in-depth trainings so teachers involved had a background of knowledge about RTI and its process and knowing which school personnel were responsible for different areas of RTI are essential with the implementation of a new program. Teacher training needs to be continuous with follow-up. This would give opportunities for questions, growth, refreshers on guidelines and procedures, to ensure consistency and fidelity of implementation.

Preparing personnel before a mandated change is necessary. Clarification through the establishment of a district policy framework with guidelines would define roles and procedures in RTI and would give more structure, fidelity, and consistency for successful RTI implementation. Clear guidelines to school personnel, could avoid confusion to ensure success could improve.

Recommendations for Further Study

A future study might explore perceptions on RTI from general education teachers in other districts who utilize EIP teachers as part of the RTI process as compared to perceptions of teachers who work in counties that do not use EIP teachers in the RTI process. Because participants in the current study felt EIP teachers were beneficial, determining whether or not RTI is more successful with teachers who have EIP teachers than those who do not would be of benefit. Studies could begin in the primary grades, but be extended into the elementary grades as well.

Another study might explore EIP teachers, RTI, and the RTI process and whether EIP teacher intervention moved students successfully back to tier one. No previous studies were found that focused only on the EIP teacher.

Concluding Thoughts

Based on the review of the literature and being a general education teacher, the expectation was to find teachers who were very negative about RTI. Researchers of previous studies noted several negative impacts of RTI. However, there were no participants who had an overall negative feeling towards RTI. All participants knew about RTI and its core components and felt it was, for the most part, working within their school district. Teachers reported they learned about the implementation of RTI on their own, from experience, or by asking other teachers.

Given the information from this study, the superintendent and principals should consider changes for teachers about professional development on RTI and research-based interventions. Providing resources for interventions for the different tiers for each of the readings skills in a given grade level is necessary for success. Having a resource database would also ensure interventions being used are of high quality and are research-based. Principals should consider a

follow-up survey to teachers on the type of professional development they would like for RTI. Information is coming from a larger population of teachers and time working with RTI would provide information about professional development that is useful for teachers to be more successful with RTI.

References

Al Otaiba, S., Connor, C. M., Folsom, J. S., Wanzek, J., Greulich, L., Schatschneider, C., & Wagner, R. K. (2014). To wait in tier 1 or intervene immediately: A randomized experiment examining first-grade response to intervention in reading. *Exceptional Children, 81*(1), 11-27.

Al Otaiba, S., Wagner, R. K., & Miller, B. (2014). "Waiting to fail" redux: Understanding inadequate response to intervention. *Learning Disability Quarterly, 37*(3), 129-133.

Beghetto, R. (2003). *Scientifically based research*. Retrieved from ERIC database. (ED474304).

Bineham, S. C., Shelby, L., Pazey, B. L., & Yates, J. R. (2014). Response to intervention: Perspectives of general and special education professionals. *Journal of School Leadership, 24*(2), 230-252.

Brendle, J. (2015). A survey of response to intervention team members' effective practices in rural elementary schools. *Rural Special Education Quarterly, 34*(2), 3-8.

Brown-Chidsey, R. & Steege, M. W. (2010). *Response to intervention: Principles and strategies for effective practice*. New York, New York: The Guilford Press.

Brownell, M. T., Sindelar, P. T., Kiely, M. T., & Danielson, L. C. (2010). Special education teacher quality and preparation: Exposing foundations, constructing a new model. *Exceptional Children, 76*(3), 357-377.

Chen, C., Symons, F. J., & Reynolds, A. J. (2011). Prospective analyses of childhood factors and antisocial behavior for students with high-incidence disabilities. *Behavioral Disorders, 37*(1), 5-18.

Colker, R. (2013). Politics trump science: The collision between no child left behind and the individuals with disabilities education act. *Journal of Law & Education, 42*(4), 585-631.

Coyne, M. D., Simmons, D. C., Hagan-Burke, S., Simmons, L. E., Kwok, O., Kim, M., Fogarty, M., Oslund, E. L., Taylor, A. B., Capozzoloi-Oldham, A., Ware, S., Little, M. E., & Rawlinson, D. M. (2013). Adjusting beginning reading intervention based on student performance: An experimental evaluation. *Exceptional Children, 80*(1), 25-44.

D'Alonzo, B. J. & Boogs, E. T. (1990). A review of the regular education initiative. *Preventing School Failure, 35*(1), 18-23.

Deno, E. (1970). Special education as developmental capital. *Exceptional Children, 37*(3), 229-237.

Dexter, D. D., & Hughes, C. (2015). *Progress monitoring within a response-to-intervention model*. Retrieved from http://www.rtinetwork.org/learn/research/progress-monitoring-within-a-rti-model

Doyle, M. B. & Giangreco, M. (2013). Guiding principles for including high school students

with intellectual disabilities in general education classes. *American Secondary Education, 42*(1), 57-72.

Ehren, B. J. (2013). Expanding pockets of excellence in RTI. *The Reading Teacher, 66*(6), 449-453.

Guskey, T. R., & Jung, L. A. (2011). Response-to-intervention and mastery learning: Tracing roots and seeking common ground. *The Clearing House, 84*(6), 249-255.

Harlacher, J. E. (2015). *Distinguishing between tier 2 and tier 3 instruction in order to support implementation of RTI.* Retrieved from http://www.rtinetwork.org/essential/tiered instruction/tier3/distinguishing-between-tier-2-and-tier-3-instruction-in-order-to-support-implementation-of-rti

Hauerwas, L. B., Brown, R., & Scott, A. N. (2013). Specific learning disability and response to intervention: State-level guidance. *Exceptional Children, 80*(1), 101-120.

Hoover, J. J. (2010). Special education eligibility decision making in response to intervention models. *Theory into Practice, 49*(4), 289-296.

Hughes, C. A., & Dexter, D. D. (2011). Response to intervention: A research-based summary. *Theory into Practice, 50*(1), 4-11.

Hughes, C. A., & Dexter, D. D. (2015). *Universal screening within a response-to-intervention model*. Retrieved from http://www.rtinetwork.org/learn/research/universal-screening-within-a-rti-model

Isbell, L. & Szabo, S. (2015). Assessment: Teacher efficacy and response to intervention. *Delta Kappa Gamma Bulletin, 81*(2), 41-46.

Mack, F. R., Smith, V. G., Straight, H. (2010). Response to intervention: Implications for the

proficiency of early childhood special educators. *The Journal of International Association of Special Education, 11*(1), 15-21.

Mallett, C. A. (2014a). The "learning disabilities to juvenile detention" pipeline: A case study. *Children & School, 36*(3), 147-154.

Mallett, C. A. (2014b). Youthful offending and delinquency: The comorbid impact of maltreatment, mental health problems, and learning disabilities. *Child & Adolescent Social Work Journal, 31*(4), 369-392.

Martin, J. L. (2015). *Legal implications of response to intervention and special education identification*. Retrieved from http://www.rtinetwork.org/learn/ld/legal-implications-of-response-to-intervention-and-special-education-identification

Martinez, R., & Young, A. (2011). Response to intervention: How is it practiced and perceived? *International Journal of Special Education, 26*(1), 44-52.

Meyer, M. M. & Behar-Horenstein, L. S. (2015). When leadership matters: Perspectives from a teacher team implementing response to intervention. *Education and Treatment of Children, 38*(3), 383-402.

Mitchell, B. B., Deshler, D. D., & Lenz, B. K. B. (2012). Examining the role of the special educator in a response to intervention model. *Learning Disabilities: A Contemporary Journal, 10*(2), 53-74.

Murawski, W. W. & Hughes, C. E. (2009). Response to intervention, collaboration, and co-teaching: A logical combination for successful systemic change. *Preventing School Failure, 53*(4), 267-277.

Mostert, M. P. (1991). The regular education initiative: Strategy for denial of handicap and the perpetuation of difference. *Disability, Handicap & Society, 6*(2), 91-101.

National Center for learning disabilities. (2014). *The State of Learning Disabilities*. Retrieved from https://www.ncld.org/wp-content/uploads/2014/11/2014-State-of-LD.pdf

Nellis, L. M. (2012). Maximizing the effectiveness of building teams in response to intervention implementation. *Psychology in the Schools, 49*(3), 245-256.

Nunn, G. D. & Jantz, P. B. (2009). Factors within response to intervention implementation training associated with teacher efficacy beliefs. *Education, 129*(4), 599-607.

Obiakor, F. E., Harris, M., Mutua, K., Rotatori, A., & Algozzine, B. (2012). Making inclusion work in general education classrooms. *Education and Treatment of Children, 35*(3), 477-490.

O'Connor, R. E., Bocian, K. M., Beach, K. D., Sanchez, V., & Flynn, L. J. (2013). Special education in a 4-year Response to Intervention (RTI) environment: Characteristics of students with learning disability and grade of identification. *Learning Disabilities Research & Practice, 28*(3), 98-112.

Positive Behavioral Interventions & Supports (PBIS) (2015). *Response to intervention (RTI) & PBIS: What is response to intervention*. Retrieved from https://www.pbis.org/school/rti

Proctor, S. L., Graves, S. L., Jr., & Esch, R. C. (2012). Assessing African American students for specific learning disabilities: The promises and perils of response to intervention. *The Journal of Negro Education, 81*(3), 268-282.

Raines, T. C., Dever, B. V., Kamphaus, R. W., & Roach, A. T. (2012). Universal screening for behavioral and emotional risk: A promising method for reducing disproportionate placement in special education. *The Journal of Negro Education, 81*(3), 283-296.

Regan, K. S., Berkeley, S. L., Hughes, M., & Brady, K. K. (2015). Understanding practitioner

perceptions of responsiveness to intervention. *Learning Disability Quarterly, 38*(4), 234-247.

Reschly, D. J. (2005). Learning disabilities identification: Primary intervention, secondary intervention, and then what? *Journal of Learning Disabilities, 38*(6), 510-515.

Reynolds, C. R. & Fletcher-Janzen, E. (Ed.). (2007). *Encyclopedia of special education: A reference for the education of children, adolescents, and adults with disabilities and other exceptional individuals* (Vol. 1). Hoboken, NJ: John Wiley & Sons, Inc.

Rinaldi, C., Averill, O. H., & Stuart, S. (2010). Response to intervention: Educators' perceptions of a three-year RTI collaborative reform effort in an urban elementary school. *Journal of Education, 191*(2), 43-53.

Robinson, G. G., Bursuck, W. D., & Sinclair, K. D. (2013). Implementing RTI in two rural elementary schools: Encouraging beginnings and challenges for the future. *Rural Educator, 34*(3), 1-9.

Rogers, E. M. (1983). *Diffusion of innovations*. New York, NY: The Free Press.

Saldaña, J. (2009). *The Coding Manual for Qualitative Researchers*. Thousand Oaks, CA: SAGE Publications.

Spear-Swerling, L., & Cheesman, E. (2012). Teachers' knowledge base for implementing Response-to-Intervention models in reading. *Reading & Writing, 25*(7), 1691-1723.

Steinberg, G. (2013). Amending § 1415 of the idea: Extending procedural safeguards to Response-to-Intervention students. *Columbia Journal of Law and Social Problems, 46*(3), 393-429.

Stuart, S., Rinaldi, C., & Higgins-Averill, O. (2011). Agents of change: Voices of teachers on Response to Intervention. *International Journal of Whole Schooling, 7*(2), 2011.

Sullivan, A. L., & Bal, A. (2013). Disproportionality in special education: Effects of individual and school variables on disability risk. *Exceptional Children, 79*(4), 475-494.

Swanson, E., Solis, M., Ciullo, S., & McKenna, J. W. (2012). Special education teachers' perceptions and instructional practices in response to intervention implementation. *Learning Disability Quarterly, 35*(2), 115-126.

U.S. Department of Education (2015a). *Building the Legacy: IDEA 2004*. Retrieved from idea.ed.gov

U.S. Department of Education, National Center for Education Statistics. (2015b). *Children and Youth with Disabilities*. Retrieved from http://nces.ed.gov/programs/coe/indicator_cgg .asp

Vanderheyden, A. M., Kovaleski, J. E., Shapiro, E. S., & Painter, D. T. (2014). Scientifically supported identification of SLD using RTI: A response to Colker. *Journal of Law & Education, 43*(2), 229-247.

Vellutino, F. R., Scanlon, D. M., & Lyon, G. R. (2000). Differentiating between difficult-to-remediate and readily remediated poor readers: More evidence against the IQ-achievement discrepancy definition of reading disability. *Journal of Learning Disabilities, 33(3), 223-238.*

Werts, M. G., Carpenter, E. S., & Fewell, C. (2014). Barriers and benefits to Response to Intervention: Perceptions of special education teachers. *Rural Special Education Quarterly, 33*(2), 3-11.

Windle, M. (2000). A latent growth curve model of delinquent activity among adolescents. *Applied Developmental Science, 4*(4), 193-207.

Zhang, D., Katsiyannis, A., Ju, S., & Roberts, E. (2014). Minority representation in special

education: 5-year trends. *Journal of Child and Family Studies*, *23*(1), 118-127.

Zirkel, P. A. (2011). RTI confusion in the case law and the legal commentary. *Learning Disability Quarterly*, *34*(4), 242-247.

Appendix A

Dr. Miller,

My name is Kelsey Davis and I am a doctoral candidate at Columbus State University. I am researching primary school general education teachers' perceptions of Response to Intervention (RTI) as it pertains to reading. I am e-mailing to see if you are willing to allow the primary schools in your county to participate in this study. I will need teachers to participate in individual interviews as well as a focus group. Each will consist of questions and discussion on their feelings, thoughts, perceptions, and knowledge of RTI.

If you are willing to allow your schools to participate in this study, please print the attached letter of cooperation on your system's letterhead, sign, and e-mail back to me. You may make any necessary changes to the letter of cooperation. I am willing to answer any questions you may have about the study.

Thank you for your time and consideration.

Kelsey Davis
Doctoral Candidate
Columbus State University

Appendix B

Dear principals,

My name is Kelsey Davis and I am a doctoral candidate at Columbus State University. I am researching primary school general education teachers' perceptions of Response to Intervention (RTI) as it pertains to reading. I am e-mailing to see if you are willing to allow teachers in your school to participate in this study. I will need teachers to participate in individual interviews as well as a focus group. Each will consist of questions and discussion on their feelings, thoughts, perceptions, and knowledge of RTI.

If you are willing to allow your school to participate in this study, please print the attached letter of cooperation on your school's letterhead, sign, and e-mail back to me. You may make any necessary changes to the letter of cooperation. I am willing to answer any questions you may have about the study.

Thank you for your time and consideration.

Kelsey Davis
Doctoral Candidate
Columbus State University

Appendix C

My name is Kelsey Davis and I am a doctoral candidate at Columbus State University. I am researching primary school general education teachers' perceptions of Response to Intervention (RTI) as it pertains to reading. I am e-mailing to see if you are willing to participate in this study. I will need teachers to participate in individual interviews as well as a focus group. Each will last about an hour and will consist of questions and discussion on your feelings, thoughts, perceptions, and knowledge of RTI.

If you are interested in participating in this study, please e-mail me (davis_kelsey@columbusstate.edu). Please also feel free to contact me if you have any questions pertaining to the study.

Thank you for your time and consideration.

Kelsey Davis
Doctoral Candidate
Columbus State University

Appendix D

Interview Protocol

Background Information

1. How many years of experience do you have in your current job?
    a. How many years experience do you have with RTI?
2. What is your involvement with RTI in your current position?

Interview Questions

3. In your own words, how would you describe Response to Intervention (RTI) as it pertains to reading?
    a. Has this definition been made clear to you through professional development?

   b. What was your initial training in RTI? What did you think about it?
   c. Who gave you your initial training on RTI?
4. What do you believe is the purpose of RTI as it pertains to reading?
   a. Do you believe RTI is serving that purpose?
   b. If not, why? If so, why?
   c. Has the purpose changed over time?
   d. What student population should RTI be focusing on?
5. Are students benefitting from reading RTI?
   a. Why do you think that is?
   b. Can you give an example of a situation that made you feel this way?
6. What do you see as your role in reading RTI?
   a. Why is this? Have you been told this (if so, who told you?), or is it your interpretation?
   b. Describe what your training has been in this role.
   c. Is this role appropriate for your level of knowledge on reading and RTI?
7. What has RTI professional development in reading looked like for you?
   a. Who gave the training?
   b. Could you assign a value to that experience? Why would you assign that value?
   c. Was there a follow-up session? If not, should there have been?
   d. Did someone check in with you to see how you were implementing RTI?
   e. What would your recommendation be for RTI professional development?
8. How would you rate yourself on RTI implementation in reading?
   a. Why would you give yourself that rating?

   b. What would need to happen in order to improve your rating on yourself?

9. How would you rate RTI implementation in reading in your school?
   a. Describe the training.
   b. What type of support do you receive in RTI implementation?
   c. What are challenges to implementing RTI in your school?
10. Does your district have a plan for implementing RTI?
   a. Who was trained?
   b. Do you know if district support staff was trained?
11. RTI has been widely critiqued. Why do you think this is?
   a. Is this based on your experience?
12. What would you say are some of RTI's greatest challenges?
   a. How do you think your school and district respond to these challenges?
   b. What are indicators these are challenges?
13. What would you say is an aspect of RTI going well?
   a. Why do you think it is going well?
   b. What are indicators this is a success?
14. Do you believe reading RTI is a focus within your school and district?
   a. If no, should it be? If yes, why do you think it is a focus?
   b. What have you seen that has led you to believe this?
15. What does it look like for a student to go through the reading RTI process? Probe: tiers of intervention, progress monitoring, universal screening

16. The core components of RTI as it pertains to reading are quality core instruction, universal screening, progress monitoring, research-based interventions, and support teams.
    a. Which of the core components do you believe is most beneficial for students? Why?
    b. Which of the core components do you believe is most beneficial for teachers? Why?
    c. Which core component do you believe is working best in your school?
    d. Which core component is the greatest challenge in your school?
    e. Do you have research-based interventions? Where did they come from?
    f. What do support teams look like in your school?

Appendix E

Informed Consent Form

You are being asked to participate in a research project conducted by Kelsey Davis, a student in the Education Department at Columbus State University. Dr. Pamela Lemoine is supervising the research project.

I. Purpose:
The purpose of this project is to investigate primary school general education teachers' perceptions of RTI and its core components in reading.

II. Procedures:
The researcher will be collecting data through individual interviews. For the individual

interview, the researcher will set up a time with the participant to meet for the individual interview. The interview will be recorded and last approximately 1 hour. The participant will be asked questions about their thoughts, perceptions, and knowledge on RTI. Once the interview is over, the researcher will have the interview transcribed and the interviewee will have an opportunity to review the transcript for accuracy.

III. Possible Risks or Discomforts:
There is no possible risk involved in the study. The participant may feel discomfort in answering some of the interview questions openly for fear of employers knowing their true thoughts. The researcher will minimize discomfort by assuring anonymity to participants.

IV. Potential Benefits:
The participant may be benefited through the study. Data may convince policymakers and/or administration to schedule professional development for teachers.

V. Costs and Compensation:
There will be no cost or compensation for the participants in this study.

VI. Confidentiality:
All data will be password protected and responses will not be linked to the participants.

VII. Withdrawal:
Your participation in this research study is voluntary. You may withdraw from the study at any time, and your withdrawal will not involve penalty or loss of benefits.

For additional information about this research project, you may contact the Principal Investigator, Kelsey Davis at 229-291-6615 or davis_kelsey@columbusstate.edu. If you have questions about your rights as a research participant, you may contact Columbus State University Institutional Review Board at irb@columbusstate.edu.

I have read this informed consent form. If I had any questions, they have been answered. By signing this form, I agree to participate in this research project. I am at least 18 years of age or older.

_____ _____

Signature of Participant Date

Appendix F

Informed Consent Form

You are being asked to participate in a research project conducted by Kelsey Davis, a student in the Education Department at Columbus State University. Dr. Pamela Lemoine is supervising the research project.

I. Purpose:
The purpose of this project is to investigate primary school general education teachers' perceptions of RTI and its core components in reading.

II. Procedures:
The researcher will be collecting data through a focus group of 4-6 people. For the focus group, the researcher will give a date and time to participants. The focus group will be recorded and last approximately 1 hour. The participants will be asked questions about their thoughts, perceptions, and knowledge on RTI. Once the focus group is over, the researcher will have the focus group discussion transcribed and the focus group participants will have an opportunity to review the transcript for accuracy.

III. Possible Risks or Discomforts:
There is no possible risk involved in the study. The participant may feel discomfort in answering some of the focus group questions openly for fear of employers knowing their true thoughts. The researcher will minimize discomfort by assuring anonymity to participants.

IV. Potential Benefits:
The participant may be benefited through the study. Data may convince policymakers and/or administration to schedule professional development for teachers.

V. Costs and Compensation:
There will be no cost or compensation for the participants in this study.

VI. Confidentiality:
All data will be password protected and responses will not be linked to the participants.

VII. Withdrawal:
Your participation in this research study is voluntary. You may withdraw from the study at any time, and your withdrawal will not involve penalty or loss of benefits.

For additional information about this research project, you may contact the Principal Investigator, Kelsey Davis at 229-291-6615 or davis_kelsey@columbusstate.edu. If you have questions about your rights as a research participant, you may contact Columbus State University Institutional Review Board at irb@columbusstate.edu.

I have read this informed consent form. If I had any questions, they have been answered. By signing this form, I agree to participate in this research project. I am at least 18 years of age or older.

_____ _____

Signature of Participant Date

Appendix G

Focus Group Interview Protocol

Consistency

- Who in your school is responsible for doing RTI?
- How consistent do you feel RTI is in your school? System? State?
    - Why do you think it is/isn't consistent?

Data

- What role does progress monitoring play in RTI?
- What role does the universal screening play in RTI?
- Whose responsibility is it to collect RTI data on a student?
- Do you feel data is an asset or a challenge in the RTI process? Why?

EIP Teachers

- What is the responsibility of the EIP teacher?
    - Is the EIP teacher solely in charge of RTI for students?
    - Do you do any part of it as the classroom teacher?
- What do you do if a child struggles but cannot be pulled into EIP?

Falling Through the Cracks

- Do you think RTI is keeping students from "falling through the cracks"?
    - Why or why not?

Home Life

- Do you think there is a correlation between students in RTI and their home life?

Individualized Instruction

- How do you know what a student needs to focus on when doing individualized instruction? Probe: universal screening, progress monitoring data
    - Have you been told to use this, or is this your preference and/or experience?

Research-Based Interventions

- Have you ever been given a list of research-based interventions?
    - If not, how do you know which research-based interventions to use?
    - If not, where do you get interventions?
    - Do you use interventions that you are not sure are research-based?

- Have you had any training or professional development on research-based interventions?
    - If so, what did that look like?
- Do you know how to tell if an intervention is research-based or not?

RTI is a Long Process

- What, specifically, makes RTI a long process?
    - Probe: paperwork, time, working with students one-on-one
- Do you think there are teachers who do not put children through the RTI process because they think it isn't worth it? They just decide to work with the child within their classroom?

Special Education

- What is the relationship between special ed and RTI?

Support Teams

- Do you feel support teams are more for the teacher or the student?

Time

- Why is time an issue for teachers when working with students in RTI?
- Do you feel the lack of time has more to do with the RTI process or your other responsibilities as a teacher?

Training in RTI

- Do you think your training in RTI has basically been just to tell you what RTI is vs. actual strategies and examples of implementing RTI?
    - If you have not been trained on strategies for implementing RTI, where have you learned to do these components of RTI?
        - Probe: research-based interventions, universal screening, progress monitoring